Clinical Lecture ON TRACHEOTOMY.

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GENTLEMEN,—Since we last met, before the Christmas vacation, there have been one or two cases requiring tracheotomy in the wards of the hospital. As this operation is usually called for on an emergency, it seldom happens that the whole class have an opportunity of seeing the conditions which demand the operation, or of estimating the manner in which it can be done most expeditiously and safely. The spectators of the operation are mostly those who are employed in continuous offices in the hospital, with some whose constant and steady zeal for practical knowledge overcomes the tendency to absent themselves from the hospital except when their presence is expected on stated occasions. Yet it is not the less desirable on that account to lay before you, as a class, the reason why, and the manner how, an operation so important and so frequently called for should be performed. It is one which all of you who practise your profession will at some time or other be called upon to perform. And it must usually be performed urgently, immediately, and with a decision which can only be properly obtained by a premeditated consideration of all the possible contingencies that may arise, of all the instruments that may be required, and with a fair knowledge of the anatomy of the parts concerned.

In the first place, I must premise that there are no less than three operations for opening the windpipe in cases of obstruction to the respiration in this part of the respiratory passage, each of which possesses advantages that render it the most properly applicable in certain circumstances. These I propose briefly to lay before you in this lecture. To enable you the better to understand why they are severally more fitted we must consider the operations themselves and the site in which they are performed.

The operation of *laryngotomy*, as being placed the highest in the tube, and as the most simple, I will take first. It is performed in the crico-thyroid space by dividing the thin but tough and elastic membrane which connects the inner surface and lower border of the thyroid with the outer surface of the cricoid cartilage. This space is placed immediately below the true vocal cords, and of course below, or to the lung side, of that important strait or movable gateway through which we inspire the breath of life. Now the true vocal cords have a character in reference to the mucous membrane that covers them which has an important bearing upon the limitation of morbid affections of the larynx and trachea. The membrane which covers their highly elastic fibrous structure is very closely adherent to its substance. Above them the mucous membrane of the larynx is much more loosely connected by a submucous areolar tissue, which is apt, when inflamed, to swell up so as to overlap and overhang the chink of the glottis and obstruct respiration in this manner. It is also more liable to the ulcerative processes common in syphilis and phthisis, as well as to the spread of traumatic, erysipelatous or diphtheritic inflammation from the mouth, fauces, and pharynx. Foreign bodies passing from the mouth, if irregular or pointed in shape, or somewhat soft in structure, are liable to become impacted in the same situation; and, lastly, tumours more frequently grow from the walls of the larynx or its marginal structures at a level above the vocal cords.

The close proximity of the crico-thyroid space to the rima glottidis enables the surgeon readily to open up the interior of the larynx by dividing the thyroid cartilage vertically, should the nature of the obstruction require it, or to pass instruments through the chink of the glottis to dislodge impacted bodies. Many of these are advantages which can often not be appreciated before the operation is commenced, and in the proper choice of a position is embraced the capability of meeting an enemy in various and unexpected combinations. Perhaps an advantage which would be reckoned by many as greater than any of these is the important one that this operation is much more simple, less dangerous, and more quickly and readily performed, in cases of impending suffocation, than any other upon the windpipe; and it is one which may be performed by almost any bystander with ready nerve, decision, and a tolerably sharp penknife. The crico-thyroid space is very superficial, placed at the most forward part of the curve of the trachea, immediately below the projection of the thyroid cartilage called the "pomum Adami." Below this point the windpipe pursues a backward and downward course, receding rapidly from the surface, while the outline of the neck is sloped considerably forwards down to the sternum by the sterno-mastoid and other muscles, and by the interposition of the thyroid gland. In the median line the membrane is covered only by the skin and fascia, but on each side the crico-thyroid muscles diverge from their origin to their insertion into the thyroid cartilage, so as to leave a triangular interval, with its base upwards, uncovered by muscle. Further out are placed the sterno-hyoid, thyroid, and thyro-hyoid muscles, which need scarcely be touched in the operation. A very small branch of the superior thyroid artery crosses the space to anastomose with its fellow, giving off on each side a very small twig through the membrane, called the anterior laryngeal. You see, therefore, that there is only skin and fascia, with a few of the innermost fibres of the crico-thyroid muscle, and perhaps this very small artery, which need to be cut in the operation. The wound of this artery has been said, however, to cause death in a very young child, already more than half suffocated, by bleeding into the trachea; but any hæmorrhage from this minute source can always be stopped by the pressure of a tube passed through the opening, or by a cold sponge. When the vessel is, as sometimes happens, irregularly large, its very superficial position will indicate its presence beforehand, or enable it to be readily secured by twisting or ligature.

In the text-books you are directed to make first a vertical cut an inch long from the pomum Adami downwards through the skin and fascia, and then to cut horizontally the crico-thyroid membrane close to the upper border of the cricoid cartilage. Now, under a sense of impending suffocation, patients usually throw the head backwards, and this movement stretches the skin of the neck and tends to close this vertical incision, and thus to interfere with free inspiration through the wound. But this frequent movement tends, on the contrary, to open a transverse cut in the tissues. I therefore prefer, with a sharp, small-bladed knife (double-edged, if at hand), to make a single transverse incision across the lower part of the hollow depression felt by the finger, just above the cricoid ring, through the skin and membrane at once, right into the windpipe, and to extend it sufficiently laterally to introduce a tube. Such a wound will remain open even without a tube; sometimes, indeed, the patient will breathe easier without one. If a tube be used, it should be broader in the transverse than in the vertical diameter, and shorter in the length between the shield and the curve than the one adapted for tracheotomy. Upon the latter point I shall have more to say subsequently.

Sometimes the incision is found, in a narrow female or infantile larynx, to be too limited to permit free respiration or manipulation. In such a case I should extend it by a median vertical incision downwards through the cricoid cartilage, or, if the case demanded it, upwards through the thyroid. Experience has found that such openings in these cartilages heal well, and without producing the contractions or mechanical disarrangement of the laryngeal apparatus which were formerly dreaded.

The circumstances under which laryngotomy is advisable are those which are found in the fauces, throat, larynx, and rima glottidis; with the addition of those in which foreign bodies in the trachea and bronchi are freely movable, hard, and smooth, and which would consequently pass out either through the wound or through the glottis after the trachea is provided artificially with an alternative channel of respiration. Most cases of impaction in the rima glottidis by foreign bodies, by tumours growing from the ventricles of the larynx, epiglottis, or vocal cords, or by inflammatory swelling which is traumatic or non-spreading, would be included in this category; and it might embrace many cases

also of syphilitic or phthisical ulceration of the larynx in which the disease does not extend below the true vocal cords.

Above all operations, that of *tracheotomy*, being one of haste and emergency, demands the most simplicity in the construction, use, and number of the instruments employed. Numerous contrivances for opening the trachea have been invented, some with more or less theoretical excellences; but all these may be stultified by not being at hand, not being properly used, or necessitating an embarrassing change of instruments in the operator's hand at a critical moment of the operation.

I have been accustomed ordinarily to use, and to recommend the use of, three instruments only—namely, a single-edged pointed scalpel; a pair of slender and somewhat elongated forceps, provided with a single hook at the ends, which project very obliquely towards and fit each other in the manner of the teeth of a rodent animal; and, lastly, a tracheotomy tube of appropriate size, constructed with an outer pair of spring blades held firmly together by a shield, and an inner tube which slides between them, and which can be removed for the purpose of cleanliness.

I usually prefer to stand on the left side of the patient, so as to cut upwards from, and not down towards, the sources of danger in the lower part of the neck; but it is not in all cases possible to have this choice.

The two operations of tracheotomy are performed respectively above and below the isthmus of the thyroid body. The former is by far the more readily performed, and involves the fewest dangers during and after the operation. The site of the primary incision is, in both, pretty nearly the same—namely, the same vertical incision in the median line of the neck, about two inches long, and extended a little higher or lower as the case may require. In a short neck, whether infantile or adult, the incision extends downwards nearly to the top of the sternum when the operation is performed below the thyroid. If the upper operation is at first intended, and afterwards it is seen that the lower one is preferable, the change can readily be effected by extending the incision downwards. After cutting through the skin and fasciæ, a small anastomosing tributary of the anterior jugular is often divided, but gives little trouble beyond slight pressure with the finger. Sometimes, however, this communicating branch is enlarged so as to assume the proportions and functions of the entire trunk, and passes into the vein on the opposite side of the neck, and may require ligature. The sterno-hyoid and thyroid muscles are now exposed, the latter meeting each other in the median line, which is indicated by a mere areolar interval. Through this, as nearly as possible, the knife should next pass, and the muscle be held aside with the hooked forceps. A fascia covering the isthmus of the thyroid and the communicating branches of the thyroid arteries and plexus of inferior thyroid veins is now exposed. The surgeon can at this stage open the trachea either above or below the thyroid gland. To accomplish the former is, as I have said, more easy, on account of its comparatively superficial position. The windpipe is here covered pretty nearly by the same kind of structures as it is below; but the effect of the direction and action of the sterno-mastoid muscles, as soon as the skin and fasciæ are divided in the median line of the supra-sternal fossa, is to raise the edges of the wound, and to increase its depth very much at the lower part of the neck. The inferior thyroid plexus of veins is also met with below the thyroid isthmus, and in most cases requiring tracheotomy these are gorged and distended to the utmost on account of the arrest of respiration, and, when cut, bleed very profusely. Again, to the sides of the larynx are attached the strong muscles, the actions of which balance each other and hold it laterally tolerably steady. But since no muscles are attached to the trachea at the lower part of the neck, nor any fascial or other structures which would steady it laterally, it is moved about and sometimes even contorted by the plunging spasmodic respiration and heaving chest, and may be very difficult to fix, especially in young children. The nearer you get to the larynx, therefore, the steadier laterally does the trachea become, and the easier to fix and penetrate. The tracheal cylinder also diminishes somewhat in width downwards. And with the depth of the wound, the amount of the bleeding and the motion and smallness of the trachea increase the difficulties and dangers of tracheotomy.

If it is determined to open the trachea above the isthmus of the thyroid, the upper part of the fascia which invests the gland and connects it with the trachea must be seized with the forceps, and the point of the knife applied so as to cut or scratch through it horizontally. The handle end may then be placed under the isthmus and made to push it downwards, and at the same time to separate it to a sufficient distance from the trachea. The isthmus varies much in bulk, being larger in females, and, proportionately, in children, than in the adult male. It seldom covers the first ring of the trachea, being usually placed opposite the second and third. Usually it may easily be displaced downwards so as to permit division of the three upper rings. To accomplish this, seize the fascia covering the fibro-cartilage or upper cartilaginous spaces as low down as possible, and a little on one side of the median line, with the hooked forceps, the teeth of which, projecting well downwards, will bite easily into its substance. Then, guided by the interval between the double straight blades of the forceps, pass down the scalpel and puncture the windpipe vertically, afterwards extending the incision upwards as far as the cricoid cartilage. A rush of air mixed with sputum and blood usually follows the puncture; and sometimes, in the confusion and nervousness caused by this coming in his face, the young operator loses his self-possession, and lets go the trachea before a most essential part of the operation is accomplished—namely, the introduction of the silver tube. Now, for a speedy and satisfactory conclusion of the operation, it is essential that the hold upon the trachea, being once obtained, should not be let go; but, the knife in the right hand being changed for the outer part or spring sheath of the tube, this should be firmly compressed between the finger and thumb and carried down along the forceps through the tracheal wound, and then pushed in a curvilinear manner home to the shield. The holes in the sides of the shield should be first furnished with narrow tapes, conveniently rolled up, to be tied round the neck, to hold-in the instrument when the operation is completed. The inner tube should not usually be passed in until some of the spasm consequent upon the operation has passed away. The manipulation of the trachea must usually be done (after the first glimpse has been obtained) by the feel rather than by the sight. When the forceps has obtained a proper hold, it acts very efficiently in the double capacity of a holder and a guide to the knife as well as to the trachea-tube. If sufficient room cannot be obtained by pushing down the thyroid isthmus, the incision may be extended upwards through the cricoid cartilage. Although it is perhaps better to avoid this if possible, yet its performance is not usually attended with any after-inconveniences.

When it is intended to open the trachea below the thyroid isthmus, it may be necessary to carry down the external incision a little further. The fascia enclosing the inferior thyroid veins in the middle line should be carefully cut or scratched through by the combined use of the knife and forceps; the communicating veins should be rather torn than cut, the tension necessary to tear them being beneficial in forcing back the blood contained in them, and rendering them less liable to bleed for a few minutes, until the tube has been introduced and the blood kept out of the trachea. In this case the inner tube should be put in immediately to stop out the blood as much as possible. In performing this lower operation increased dangers beset the operator from the close contiguity of the left innominate vein and the innominate artery. In very young children, also, the size and high position of the thymus gland may be a source of embarrassment. It may project out of the cavity of the thorax and overlap the left innominate vein, which, usually in these cases turgid with blood and provided with thin coats, may easily be injured either with knife or forceps in pushing downwards the protruding thymus. The innominate artery here lies to the right side of, and somewhat upon or in front of, the trachea, and in many adults even may be seen and felt to pulsate inside the sterno-mastoid in the supra-sternal fossa. The difficulties in opening the trachea are increased under these circumstances by the much greater depth of the windpipe, by the bleeding from the inferior thyroid plexus of veins, and by the more mobile nature of the trachea at the point operated on. In young children these difficulties are increased by the small size and yielding nature of the walls of the windpipe itself, the wound in which can best be made, and, when made, held open for the introduction of the tube, by steady traction with the hooked forceps lifting

forward one lip of the slit in the windpipe, so as to elevate it above the other. The closed valves of the outer tube can then usually be easily introduced by a slight sideling motion. A fault often committed by young operators consists in letting go the trachea through the movements of the patients or nervousness, or in changing instruments before the opening in the tube is made sufficiently large. Then the air rushing out of the incomplete wound, mixed with blood, froths and churns up out of the wound, and obscures all the landmarks of safety. An attempt is then made to enlarge the opening in the windpipe, with the effect probably of making a second and independent wound. The remedy for this is to get a firm hold of the trachea, and not to let go until the tube is fairly lodged. It is advisable in using the knife in this situation, and under these circumstances especially, always to keep the back of the knife towards the sternum, so as to avoid touching the distended innominate vein or innominate artery. In persons past the middle age the difficulties assume a different shape. They usually arise from the ossification of the tube, or some morbid change in or near the thyroid gland. In case of the patient being beyond middle age, and of the male sex especially, in whom calcification of the trachea is more common, it is advisable to be provided beforehand with a pair of strong scissors, or cutting forceps bent edgewise at the joint, with short, stout blades, of which the under one is pointed; these are provided with long handles of convenient thickness. If the scalpel fails in making impression upon the trachea, this can be substituted, the sharp blade being thrust through and turned upwards in the tube. With this it will be easy to divide an ossified trachea, or even to remove a piece, if desirable. The lower operation may be required in cases of tumour of the thyroid isthmus, of foreign bodies impacted near the bronchi, and in removing the false membranes in croup.

Among the dangers of the lower operation of tracheotomy must be reckoned, in addition to those of the operation itself, such as bleeding from the inferior thyroid plexus of veins, wounding the inferior thyroid artery by a slip of the knife on one side of the trachea, or of the innominate vein or artery, those consequences which are secondary—viz., infiltration of air into the anterior mediastinum and general subpleural tissue, or of blood or pus into these structures, and the embarrassment of breathing and other bad symptoms which may ensue thereupon. One source of danger, which has proved fatal in many instances, some of which have been recorded in the Transactions of the Pathological Society during the last few years, arises during the subsequent wearing of the tracheotomy tube under the constant friction of the chest-walls in breathing. A progressive ulceration, either downwards from the shaft, or forwards from the point of the tube rubbing against the anterior wall of the trachea, has at length opened into the innominate artery, and proved suddenly fatal by hæmorrhage into the bronchi. Another danger is the separation of the shaft of the trachea-tube from the shield at the joint which unites them, permitting the shaft to slip entirely into the trachea. Two cases of this kind have occurred in the practice of Mr. Henry Lee and of Mr. Holthouse, and were brought forward at the meeting of the Royal Medical and Chirurgical Society on Jan. 9th, 1872, necessitating another subsequent operation for the extraction of the tube. A valuable suggestion was made on this occasion by Mr. Brudenell Carter, that the shield and tube should be made in one piece of metal, without the intervention of solder, which corrodes sooner and more easily, or that the joint should be gilded over to guard it from the combined action of air and liquid secretion. It is not, however, this action alone which contributes to this unfortunate result, but also, and more powerfully I believe, a defect in the shape of the tube usually employed. For the lower operation of tracheotomy the shaft of the tube between the shield and the curved part is, for male adults especially, much too short. The consequence is, not only a difficulty in making the tube lie evenly and comfortably in the trachea and with the lower opening fairly in a line with the axis of the trachea, instead of being inclined, as it usually is, so as to look towards, and press with its sharp edge upon and rub against, the anterior wall just under the innominate artery,—but there is also a considerable traction inwards exerted by the concavity of the curve lying in the trachea, against the shield resting obliquely upon the surface of the skin. It is this traction, combined with the suction-power and constant motion exercised by the chest in respiration, which contributes most to separate the parts of the tube from each other, and to suck in the shaft of the instrument. For the upper operation of tracheotomy the tubes in common use do very well under ordinary circumstances; but for the lower operation in adults, where the trachea lies an inch and a half deep, and may lie deeper, as in cases of tumefaction from emphysema, inflammation, solid growths, or spinal and chest deformity, it is essential that the length of the tube from the shield to the culm of the curve, should be *an inch and a half*, instead of barely half or three-quarters of an inch, as we find in the tubes at present in use.

I must here impress upon you the great importance of proper care and treatment subsequent to this operation. After clearing the tube from blood and thick, viscid mucus, the air which is inspired through the tube must have communicated to it the moist and warm characters which it normally acquires in its passage through the nose, mouth, fauces, and larynx. This can be done immediately by dipping a large coarse sponge, well cleansed, in water of a temperature a little above that of the body, and tying it loosely on each side to the tape which encircles the neck. As soon as possible, also, the air of the sick chamber should be made warm and moist by a steam-kettle with a long tube placed on a good fire. In large rooms or hospital-wards it is better to erect a sort of tent of blankets over the bed, close beside the fire, and put the mouth of the steam tube under it. A great many tracheotomy cases, both in children and adults, die afterwards from bronchitis and pneumonia, which, sometimes brought on, are always aggravated by the admission of dry cold air to the lungs. The above precautions are of course even more necessary in cold and frosty weather.

In conclusion, there is one point which it may happen to be important to keep in mind; and that is, the duty of completing and finishing these operations upon the windpipe, when once begun, in the face of every possible eventuality which may arise in the course of it, even up to and beyond the apparent death of the patient. In no case is the truth of the saying, "while there's life there's hope," more paramount than in operations to relieve suffocation, to which, as in cases of drowning, the higher truth may be almost applied, that "beyond life there's hope." One of the most striking instances of resuscitation after apparent death during tracheotomy I have been lately witness to. A few weeks ago I was called in the middle of the night to the relief of a medical man, considerably beyond middle age, suffering from laryngitis combined with bronchitis. On hastening to his house, which was a considerable distance from my own, I found Dr. Goddard, of Edgware-road, in attendance, who had judged very rightly that an operation afforded the only remaining chance of relief from the very threatening symptoms presented by the poor patient, and had accordingly requested my assistance. A glance at the distressed countenance and the dusky lips and finger-nails—a hurried pressure of the failing pulse—a brief listening to the raucous laryngeal noise and heaving chest, deprived of vital air—led me, after a hasty consultation, fully to coincide with the imminent necessity for tracheotomy, with a view of at least prolonging life. While the rapid incisions were being made to expose the trachea, the patient suddenly ceased to breathe altogether, the pulse stopped, the eyes rolled over and seemed to become glazed, and after a brief spasm of the facial muscles, usually observable just before dissolution, all seemed to be stilled in death. A considerable obstacle was now met with in extensive and very hard ossification of the trachea, upon which the scalpel made little impression. With the words upon my lips, "I fear we are just too late," but remembering the maxim I have endeavoured to impress upon you, I persevered notwithstanding, and by the exercise of considerable force, and by first converting the edge of the scalpel into and then using it in the fashion of a saw, I got through the hardened trachea and passed in the tube. After employing the usual methods of artificial respiration, we were in a few minutes encouraged by a gentle sigh of inspiration; and in less than a quarter of an hour the patient was sitting up in bed, breathing freely through the tube, expressing himself as comfortable, and writing upon a slate a professional criticism as to the urgent necessity of the operation and the dexterity of its performance.

ALCOHOLIC PARAPLEGIA.

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THE above name is one I have long used in reference to a class of cases which are not at all uncommon, but have been hitherto left undescribed, in a manner worthy of their importance, in systematic works on medicine. In my published lectures on Diseases of the Nervous System I briefly referred to the affection as one requiring our earnest recognition, and gave some particulars of the cases which I had then seen. Since that time several others have come under my notice, and during the last year no less than four more. These facts had led me to commence a paper for the consideration of one of the medical societies, when I met with an essay by Dr. Handfield Jones, contained in the *Practitioner* of last month, on "Epilepsy and other Nervous Affections resulting from the excessive use of Alcohol." A perusal of this essay shows me that my object is now unnecessary, and that I need do little more than recommend its attentive perusal to the readers of THE LANCET, and say for my own part that I can endorse nearly all the statements therein contained. I have seen epilepsy and many other nervous diseases result from alcohol, although my attention has been more especially drawn to the spinal affection. In order, however, to strengthen Dr. H. Jones's statements, I will quote from a lecture given by me in October, 1867, as it contains an epitome of what I had then observed:—

"*Drunkards' or Alcoholic Paraplegia.*—I do not know that this is deserving of a distinct name from its possessing any pathological peculiarities; but as arising in connexion with a very well marked exciting cause, it may deserve your especial attention, and I refer to it the more especially because I believe authors have generally overlooked it. I have already told you how long-continued habits of intemperance in alcoholic drinks tend to the production of a fibrous or fatty degeneration of the various tissues of the body, and that, as a consequence, the membranes of the brain and spinal cord become thickened, and the organs within wasted. This, of course, would give rise to what might be called a general paralysis of body and mind. But besides these general results, we often meet with more direct effects on the spinal cord, and to these I particularly refer. I have now seen so many persons, especially ladies, who have entirely given themselves up to the pleasures of brandy-drinking, and been rendered paraplegic, that I have become pretty familiar with the symptoms. From what we hear of our continental neighbours, it would seem that the diabolical compound styled 'absinthe' is productive of exhaustion of nervous power in even a much more marked degree; it would appear that the volatile oils dissolved in the alcohol give additional force to its poisonous effects. Of course, drunkards of all descriptions suffer from nervous and muscular weakness; but, as I before said, it is more especially in the legs that the effect is most striking. A loss of power is first observed, accompanied by pains in the limbs, which might indicate a chronic meningitis of the spinal cord, and in some cases there is anæsthesia. There is, at the same time, some amount of feebleness of other parts of the body as well as the mind, and thus an approach to general paralysis is produced; but sometimes the symptoms are almost confined to the legs, and resemble in character those of locomotor ataxy."

Since this was written I have seen several cases of a similar kind; and it is worthy of remark that they occurred mostly in women. I would repeat that something more definite is intended by the term "alcoholic paralysis" than that general muscular and nervous debility which is as well known to the public as the profession; for no character is more easily recognised on the stage of the theatre than the victim of chronic drunkenness. That which I wish more particularly to draw attention to, is the case where alcohol is seen exerting its influence more directly on the spinal cord, making paralysis the leading symptom. Although there is a tendency to a particular form of degeneration in alcoholism, it is not very evident why one person should be affected in one way and another in another; or why one person should have cirrhosis of the liver, another Bright's disease, and a third atrophic meningo-cerebro-myelitis. I use this term since the changes which the brain and spinal marrow undergo are probably identical with those which are found in the two other affections just mentioned. As regards the brain, the tissue degenerates and the membranes become thickened, and thus the mental condition of the "brainless sot" is familiar to all. It very often closely resembles that observed in the general paralysis of the insane; which is not remarkable, seeing that the two affections may have in some cases a similar pathology. Now, in alcoholic paraplegia there is every reason to believe that the spinal cord is affected in the same way as these other organs, and the following is the usual condition of the patient:—She lies in bed or on a couch, complaining of severe pains in all the limbs, more especially in the lower ones, which are much wasted, or of a sensation like electric shocks running through them, together with numbness and considerable anæsthesia, and at the same time only slight power of movement, or total inability to stand. With the addition of the akinesia, the symptoms are not unlike those of ataxia, which in its ordinary form appears to be comparatively rare in women. In one case there was hyperæsthesia. In nearly all the cases the liver has been enlarged; there has been sickness, and all the other usual signs of chronic alcoholism. I alluded in my lecture to the existence of pains in the limbs from which drunkards often suffer before any marked signs of paralysis have shown themselves.

As regards treatment, this is hopeful, and should always be attempted; for I think it must be confessed that it is impossible to tell what kind and amount of change has occurred in the centres to produce paralytic symptoms. If the patient be young and the tissues not much degenerated, I should recommend the ordinary treatment, and especially such medicines as the iodide or bromide of potassium, before commencing galvanism and a tonic course. What, however, I would especially insist upon is the removal of the primary cause of the complaint. This seems a commonsense recommendation; but, I am sorry to say, is one not always enforced. Sometimes the reason is that the doctor fears for his position as health-proprietor of the family should his hints be offensive, or he has not moral courage to unfold an unpleasant truth. Sometimes, however, he will most conscientiously refrain from recommending a discontinuance of the alcohol for fear of the results, such as the sudden dissolution of the patient, or an attack of delirium tremens. He need not have the slightest fear on these grounds, for no harm, but only good, will ensue from its withdrawal. I am aware that opinions are at variance in this matter, but nevertheless I enforce my own views strongly, with a large amount of experience to support me. I have never yet seen a person die or suffer from delirium tremens or any other disorder in consequence of the complete withdrawal of alcohol when the system was being poisoned by it. On the other hand, I have seen such remarkable recoveries after its total discontinuance as would certainly surprise those who had never ventured upon the plan. I have seen persons, more especially ladies, lying on their beds surrounded by friends waiting for their last moments, where scarcely a mouthful of food had been taken for months, where the prostration, increased by urgent sickness, was extreme, and where they were constantly plied with brandy to keep them alive a little longer, and yet in such cases, where the diagnosis was clear, from the blood of the patient being overcharged with poisonous elements, and the room stinking with the fetid vapours of the body, I have recommended a withdrawal of every drop of the so-called "stimulus," and with effects more marvellous than anyone who has not adopted the plan can conceive. Unfortunately these cases of alcoholism are so bound up with moral considerations, and in women so often associated with bodily or mental suffering, that it is most difficult to publish them in all their details. Three cases which I have witnessed during the last year have made a great impression upon me. A lady not far from my residence, the unfortunate subject of alcoholism, and having considerable weakness of the legs, was reduced at length to the utmost stage of prostration by want of food and constant retching. A little brandy was put from time to time between her lips, in order, as was hoped, to eke out her existence a little longer. The end apparently approaching, straw was laid down in front of the house, and her children were sent for in order to take a final farewell, when, after repeated urging on my part, all

stimulus was suspended. The sickness soon ceased; the blood became gradually depurated; after a few hours a little food was taken; and in a fortnight's time this lady was sitting at the dinner-table with her family. I can say nothing, of course, about the likelihood of relapse, as this opens up another subject. But lately, also, I have been seeing a tradesman and his wife, with Mr. Joyce of Nottinghill, both of whom were addicted to intemperate habits, and both, most remarkably, had almost complete paraplegia. We prevailed on the husband to relinquish his drink, and he began at once to improve; but we had no influence on the female, who was approaching the state of delirium tremens. In another case, that of a medical man, who, after drinking hard, became so ill that he took to his bed, had epileptiform attacks, ate nothing, and was constantly retching, his wife standing over him administering brandy and champagne from time to time to keep him alive a little longer, I succeeded, after several attempts, in inducing his wife and two medical attendants to stop every drop of alcohol. When this was done the patient soon cried out for drink; but, after imploring in vain for some time, he was violently sick, and then sank into a sound sleep. Upon waking he took a little beef-tea, in a few hours ate some solid food, and within a week was back again in his practice.

I do not wish to discuss in this place the merits of alcohol as a remedy, as it is one I constantly use with the utmost advantage; but simply to state my experience that I have never seen the slightest harm accrue from the sudden deprivation of the accustomed stimulus, but, on the other hand, have had the satisfaction of knowing that I have saved fellow-creatures' lives as certainly as if I had plucked them drowning out of the water. I cannot conceive what the objection is to the withdrawal of the alcohol under the circumstances I mention, any more than I can conceive why, when the system is saturated with poison, and the patient dying from the effects of it, such a gross burlesque on the homœopathic doctrine should be practised as to continue administering it.

The purport of this paper is more especially to draw attention to the fact of paralysis, and more particularly spinal paralysis, occurring as a result of alcoholism; and therefore that when a medical man is called in to see a case of this kind, he should remember intemperance in drinking as a possible cause, just as he would if he found an enlarged liver.

If the affection should turn out to be in any way peculiar in its pathology it will certainly deserve a distinct appellation; but even should the morbid changes in the cord, together with the resulting symptoms, resemble what is seen in other forms of paralysis, I would still recommend the adoption of such a term as alcoholic paralysis as significant of its cause, for we are warranted in so doing by the use of the expression puerperal, syphilitic, or uræmic epilepsy (eclampsia) in reference to the origin of the fits when arising under special circumstances.

Grosvenor-street, Feb. 1872.

OPHTHALMOSCOPIC DIAGNOSIS OF BRIGHT'S DISEASE.

BY ASST.-SURG. JOHN LAMBERT, R.N.,
ROYAL NAVAL HOSPITAL, MALTA.

(Communicated by THE DIRECTOR-GENERAL OF THE MEDICAL DEPARTMENT OF THE NAVY.)

WHILE reading Dr. T. Clifford Allbutt's recent work on the Ophthalmoscope in its application to the Diagnosis of the Diseases of the Nervous System and of the Kidneys, it occurred to me that the following case of Bright's disease, diagnosed from the ophthalmoscopic appearances alone, deserved to be recorded as a testimony to the great utility of that instrument in medicine.

I had the advantage of studying ophthalmoscopic medicine and surgery under Drs. Mackenzie, Anderson, Brown, and Rainey, of Glasgow, and as early as 1858 was familiar with the use of the instrument, the examinations being then frequent at the Eye Hospital. From 1860 to 1870 I rarely used it, but when appointed to the Royal Naval Hospital at Haslar I again resumed the occasional use of the instrument, stimulated by the example of Staff-Surgeon J. N. Dick, who, if my memory serves me right, diagnosed a case similar to the following one from the examination of the eyes only.

J. H. C——, aged forty-five, was brought forward for survey on the 9th of February, 1871, at the Royal Naval Hospital, Malta, for defective vision, supposed to arise from incipient cataract, the patient also suffering from attacks of dyspepsia and hypochondriasis.

Directed by the Deputy Inspector-General of the hospital to examine the eyes and to report to him their condition, I applied the catoptric test, but, finding the three images clear and defined, the state of the fundi was next ascertained. In each eye the disc was a little blurred at the edge, the veins unusually large, and the arterial branches small and scattered over the retina. Glistening, irregular, arrow-headed-like and stellar whitish patches were seen in abundance, but particularly crowded round the yellow spot. There were no hæmorrhagic points, and the right eye was more affected than the left. The appearances were so characteristic that retinitis albuminurica was at once diagnosed, and on questioning the patient he informed me that some years ago he had been invalided from a foreign station for disease of the kidneys, but under treatment at a home hospital he recovered sufficiently to enable him to return to duty. Being next desired to micturate, he passed urine freely, of a light-amber colour, which, on being heated or on the addition of nitric acid, deposited albuminous flocculi, occupying nearly half the fluid, and a microscopic examination of the urine further revealed an advanced stage of Bright's disease, as shown by the presence of fatty granular casts, and botryoidal clusters of nuclei. The whole examination, less the microscopic part, did not occupy over fifteen minutes.

On further inquiry it appeared that the patient's sight had been failing for some time, but not to any noticeable extent. On the 10th of January he observed a dim mistiness before the eyes, which becoming aggravated, he was placed on the sick-list on the 21st of the same month.

There had been no œdema or other symptoms to lead to the suspicion of the existence of disease of the kidneys, and within a few months of his being invalided he was said to have had very good sight. The white fatty sclerosis of the retina, however, appeared to be of old standing.

He was invalided and discharged to H.M.S. *Hibernia*, to wait passage to England. I saw him twice afterwards, and examined the eyes once, and found their condition remained the same. On the last occasion, shortly before he left, he assured me his sight was very much clearer, and he felt confident he would again be fit for duty on board ship. I believe he died shortly after reaching England.

I trust that this communication may be viewed in no other light than as an example of diagnosis of Bright's disease by the aid of the ophthalmoscope. That the disease was not diagnosed sooner may be excusable on many grounds, and as regards its earlier determination by ophthalmoscopic examination, an excuse at once presents itself when Dr. Clifford Allbutt publishes his opinion that "the number of physicians in England who are working with the ophthalmoscope may be counted on the fingers of one hand"; but surely his estimate is too low.

February, 1872.

NOTES ON A CASE OF IDIOPATHIC TETANUS; RECOVERY.

BY JOHN DEARDEN, M.R.C.S.L.

THE following case of tetanus perhaps may contain some points of interest, from a pathological as well as a therapeutical point of view; therefore I have thought it might be worthy to be placed before the readers of THE LANCET.

On the 16th of November, 1871, I was called to see T. H——, aged twenty-five, a watchmaker by trade, of sober habits, who had taken a severe cold. When I saw him, at 3 P.M., he was lying on his back; countenance anxious; pulse almost imperceptible, about 100; complained of excruciating pains across the lumbar and diaphragmatic

regions, extending up the spine, back of the neck and head, stiffness of the jaws, and difficulty in swallowing; breathing short and "catching." I immediately ordered hot bottles of water to the sides and feet, and hot dry bran on the abdomen; and gave internally, liquor morphiæ, fifteen minims; spirit of chloroform, ten minims; spirit of nitric ether, half a drachm; camphor water, one ounce: to be repeated every two hours. In the evening (10 P.M.) I found the patient much worse, opisthotonic spasms recurring at short intervals, and more severe; pulse 110; sweating profusely. On examining the spine, I found that the slightest pressure opposite the lower dorsal and upper lumbar vertebræ brought on severe spasms. He had neither passed urine nor had the bowels acted from my first visit. Applied six leeches to the lumbar region, which bled freely assisted by hot fomentations, after which he expressed himself relieved. In addition to the morphia mixture, I now ordered, tincture of belladonna, half a drachm; tincture of nux vomica, ten minims; water, one ounce: to be taken every two hours. The diet to consist of beef-tea and arrowroot.

Nov. 17th.—The patient has passed a restless night; can open the mouth sufficiently to put out the tongue, which is dry and brown; is very thirsty; swallows with difficulty; the skin moist; the spasms recurring with about the same frequency, but less severe; no dilatation of the pupil. Ordered, chloride of mercury, ten grains, immediately. Changed the morphia mixture for, hydrate of chloral, fifteen grains; tincture of cannabis indica, ten minims; water, one ounce. Also to continue the belladonna mixture alternately as before.

18th.—Not slept, and complains of want of sleep; pulse 96; tongue still dry, but not so brown; muscles less rigid, and the spasms considerably abated; bowels acted, and ejected some scybala.

19th.—Slept tolerably well; feels better; the tongue moist and cleaner; the spasms very slight, and at long intervals, unless he attempted to raise himself. The medicine ordered to be taken less frequently and in smaller doses.

20th.—Continues to improve, but not able to sit up.

27th.—The patient has continued to improve, and is now able to sit up for a little time.

Accrington, Dec. 1871.

A Mirror OF HOSPITAL PRACTICE,

BRITISH AND FOREIGN.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum, tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

LONDON HOSPITAL.

COMPOUND FRACTURE OF LEFT HUMERUS, COMMUNICATING WITH ELBOW-JOINT; EXTENSIVE BRUISING OF SOFT PARTS; SPEEDY CONVERSION INTO A SIMPLE FRACTURE; UNION WITH GOOD MOVEMENT AT THE JOINT; UNDER ANTISEPTIC DRESSING.

(Under the care of Mr. COUPER.)

THE following case of compound fracture communicating with the elbow-joint seems to us to bear weighty testimony in favour of the antiseptic principles of treatment.

T. M——, aged thirty-six. While helping to lift a heavy metal casting by means of a crane on May 16th, 1870, the handle slipped from his grasp, and, revolving with great velocity, struck with great force the middle of his left arm, throwing him down. As he fell, the lever seems to have inflicted a second blow, this time on the head. He was admitted within three hours of the accident. On the forehead, close to the anterior edge of the hairy scalp, was an ecchymosed patch and a bruised skin laceration about an inch long. The bone, however, was not exposed in this wound, and was not fractured. There was also a little ragged puncture of the skin an inch below the middle of the left arm on its outer aspect; venous blood poured pretty freely from it. With his forefinger introduced into it, Mr. Ley, the house-surgeon, could feel an oblique, nearly vertical fracture extending down into the elbow-joint. Not only was the humerus thus split in two, but the fragments felt quite detached, and crepitus was felt when the elbow-joint was gently pressed between finger and thumb. To gain an absolute certainty as to the nature of the injury, Mr. Ley likewise passed a probe (smeared with carbolised oil) sufficiently far down between the fragments to demonstrate that the joint had been opened. A considerable detachment and disintegration of the muscles was also felt. The arm was very severely injured. At the same time the brachial was uninjured, and there was no loss of sensation in the forearm. An attempt was therefore made to save the limb. The preliminary irrigation of the wound with a solution of carbolic acid in water (1 to 19) was followed by a very free venous hæmorrhage, which almost immediately showed at the edge of the dressing, although the latter extended from the shoulder to two inches below the elbow. Lac plaster was the substance used. The limb was elevated on a pillow after being adjusted on an internal angular splint, and a large ice-bag was applied to the elbow. As soon as the parts were at rest, the hæmorrhage ceased.

The fresh dressing, which was applied with the usual precautions on the following day, was not disturbed until the 21st, as only then a little serum had begun to appear at the edge of the plaster, which was kept at all points in contact with the skin of the arm by means of a light bandage. Thus even a small quantity of discharge found its way immediately to the edge.

By the third day the patient's condition was quite satisfactory. There was neither pain nor tension at the seat of injury. He ate heartily and slept well. The limb was again left undisturbed for three days, during which time hardly two drachms of serum escaped from the wound.

On the tenth day all that remained of the wound was a little button of granulation. It had closed up to the level of the skin. No sinus could be found.

Some of the disadvantages of the lac plaster dressing, which have since led to its being superseded to a great extent by the carbolised gauze, now began to make their appearance. A piece of skin that had been severely bruised by the blow became irritated by the carbolic acid, and began to secrete pus after the cuticle had peeled off. The abraded patch was protected by interposing a double layer of green silk between it and the lac. It dried up very slowly. As soon as a fresh layer of cuticle had formed, the limb was put up in a plaster-of-Paris bandage, and on July 2nd the man was sent home for three weeks.

On his return at the end of that time the union was still somewhat soft. The plaster bandage was again applied, and worn for a month. Firm consolidation had then taken place. There was some permanent deformity of the elbow, but flexion and extension were less impaired than might have been anticipated.

In November, 1870, when the man was last seen, he was working as a labourer in the docks. The limb was nearly as strong as ever, although its girth at the middle of the arm was slightly less than on the opposite side. Flexion, extension, pronation, and supination were all but perfect.

HOSPITAL FOR WOMEN.

CASES OF OVARIOTOMY.

WE continue this week the report of the ten cases of ovariotomy, of which the first three were given in our last issue.

CASE 4. *Multilocular cyst of five years' duration; slight adhesions; death.*—H. E——, admitted under Dr. Protheroe Smith, March 24th, 1871, aged fifty-nine; single. Catamenia ceased ten years before. About five years ago she had retention of urine, and had her water drawn off for four days, when she got quite well. In another three months she was troubled in the same way again, and soon after this noticed a hardness at the bottom of the stomach, not more on one side than the other. She consulted a doctor in Hastings four years and a half ago, who said it was an ovarian tumour about the size of a cocoa-nut. It has been gradually growing since, but has not given rise to much inconvenience till lately, when she has had a good deal of

aching pain in the right side, at times very severe. The girth at the umbilicus is now 31½ inches. The tumour occupies the whole abdomen, fluctuates freely, solid matter being felt along the right side. The general health is good. Urine healthy.

Operation, April 1st, 1871.—Nothing particular about the operation. The pedicle was tied in the usual way, as was also a band of adhesions connecting the cyst with the intestines on the left side. The fluid removed measured eight pints, thick, dirty yellowish in colour, with masses of white doughy material floating in it. The tumour weighed 2½ lb.; it was a multilocular cyst of right ovary, with three hard nodules, varying in diameter from 1 to 2½ inches, not umbilicated, very hard on section. Under the microscope, scrapings composed of cells of various sizes and shapes, with a distinct nucleus, and full of granular matter. Some of the cells were caudate. The sloughy material free in the fluid contained similar though larger cells, and a quantity of cholesterine crystals on the surface.

The patient progressed favourably, sickness diminishing, until the evening of the third day, when the abdomen began to get distended, but not tender. This continued and increased considerably in the evening of the fourth day, when the pulse began to rise, and continued to rise to 140. She died at 9.30 A.M. on the morning of the sixth day.

At the post-mortem examination signs of general peritonitis were found.

CASE 5. *Multilocular cyst; slightly adherent; recovery; history of five years' duration, with two intercurrent pregnancies.*—S. A. C——, admitted under the care of Mr. Scott, March 18th, 1871; aged thirty-five years; married ten years; has had three children and four abortions; the last pregnancy, which went to full time, two years and a half ago. Five years ago she felt pain in the right lumbar region; and on putting her hand there noticed a lump of the size of a marble, hard and not tender to the touch. It increased to the size of an egg in a week. The same week she became pregnant; and during the whole nine months she had very severe pains in both groins, but not in the right flank. The labour was long and severe. The patient did well for ten days, when she was seized with "inflammation," and kept her bed for seven weeks. Never noticed any pus with her motions or per vaginam. Directly after labour she noticed that she was quite as large as she was before, and never got any smaller. She continued to feel ill, but without feeling anything definitely the matter, and in a year's time became pregnant again. When she had gone seven weeks, "inflammation" came on again; pain and tenderness over the lower part of the abdomen. This lasted for seven weeks; but she was never able to walk about during the whole of her pregnancy. The child was born alive; labour very quick and severe. During this pregnancy the patient noticed that the uterus with the fœtus lay all on the right side, and the tumour was on the left, and there was a deep depression between the two at their upper parts. She did well for ten days after labour, when she got another attack of "inflammation" from wearing damp clothes, and kept her bed for sixteen weeks. She then got to feel fairly well till last Christmas, when violent pains in the side and back came on, without fever, and induced her to apply to the hospital.

On admission the abdomen was found to be occupied by a large tumour, reaching to within an inch of the ensiform cartilage; filling up more the right flank than the left; dull on percussion; elastic; non-fluctuating. Some hard masses were felt deep down in the right flank; the tumour free from tenderness; irregular in outline. The skin moved freely over the tumour, which seemed more firmly connected to deeper structures. The girth at umbilicus was 33½ inches. The uterus lay in the hollow of the sacrum. The roof of the vagina was occupied by the lower part of a tumour (?) from left ovary. Urine normal.

Operation, May 13th.—The tumour was found to be a multilocular cyst of right ovary, slightly adherent to abdominal walls; free elsewhere, and weighing 4½ lb. On removing it Mr. Scott found a hard solid tumour connected with the left ovary, weighing 1½ lb., which he also removed. The pedicle of the multilocular cyst of the right ovary was long and twisted. Both pedicles were tied and dropped in, the after treatment being the same as in the previous cases. The patient made a good recovery. Sanguineous vaginal discharge, which came on two days after the operation, lasted twelve days. She left the hospital 34 days after operation.

Seen August 9th.—Catamenia has not appeared since leaving the hospital. The tumour of the right ovary was multilocular; the tumour of the left was of a solid fibrous nature, with a portion of ovary at one end enclosed in the same capsule. Under the microscope this portion at the end presented the appearance of healthy ovarian stroma; then there was the intermediary tissue with the appearance of true ovarian stroma, and of fibrous tissue, the bulk of the tumour being purely fibrous.

Mr. Scott exhibited this tumour at the Obstetrical Society.

CASE 6. *Multilocular cyst; probable history of nine years; old and firm adhesions; recovery from operation; death three months afterwards from exhaustion.*—E. C——, admitted under the care of Dr. Meadows, May 5th, 1871; aged forty-six; married seventeen years; has had five children and two miscarriages. Last pregnancy nine years ago. The abdomen has been larger than formerly since last confinement, but the patient took no notice of it until four years ago, when it began greatly to enlarge, as much on one side as the other, with dragging pain about the navel.

May 9th.—Abdomen enormously extended; girth 48½ in. Veins much enlarged; skin shiny. Dulness all over swelling, except in front; resonance in epigastric region and in both flanks, but more especially in the left; fluctuation very distinct; no solid matter discoverable. Uterus procident; vagina inverted; urine normal. The abdomen was tapped, and 14½ pints of slightly turbid straw-coloured fluid withdrawn, highly albuminous, and containing pus-corpuscles. After the fluid was withdrawn, several solid masses were felt in the abdomen, and the uterus returned to its proper place in the pelvis.

Ovariotomy was performed on May 20th. Extensive old and firm adhesions to the parietes were found; the omentum was much thickened and its vessels greatly enlarged; it was adherent all over the anterior aspect of the tumour. These adhesions were broken down with great difficulty, the tumour itself was broken up, and with some difficulty removed; the pedicle, which came from the left side, was transfixed, tied, and returned. Very free bleeding took place from numerous points, both on the omentum and on the parietes; at least a dozen ligatures were employed, the wound brought together, and linseed and laudanum poultices applied. The tumour was an ordinary multilocular cyst, and weighed 5 lb.

The patient recovered well from the operation, and, though requiring much brandy, had no special bad symptom. The sutures were removed on the seventh day; wound united; suppuration from the line of sutures. This suppuration continued. On June 2nd the pus was thin, and had begun to burrow; subsequently the sinus had to be laid open. On July 4th, temperature was normal; pulse 100; tongue clean; appetite fair; patient walks about the ward; abdominal wall granulating up healthily. She was sent to Eastbourne next day, and remained there for a fortnight; came home and was better for a time, but finally sank and died at her own home on August 28th.

Autopsy, fifty-two hours after death.—Body extremely emaciated; wound perfectly united quite through to peritoneum, except at upper part externally, where a probe could be passed among the muscles, three-quarters of an inch to right side, but did not perforate the peritoneum. Intestines matted together, very firmly in places, slightly adherent to abdominal parietes. Adhesions also to omentum very firm. Intestines of an ashy grey colour. Pelvic viscera matted together, especially in both ovarian regions—inextricably so; right ovary found slightly enlarged, dilated into a cyst containing purulent fluid. To the left of uterus, Fallopian tube firmly embedded in cellular tissue around, forming a hard mass. Two ligatures were found loose in right ovarian region, and one in omentum. The ligature of the pedicle could not be found, and was probably quite embedded. No fluid in abdomen; a little purulent fluid in cavity of pelvis.

SOUTH STAFFORDSHIRE GENERAL HOSPITAL.

PENETRATING WOUND OF THE KNEE-JOINT.

THE following case, the notes of which have been kindly sent to us by Mr. Burton Ravenhill, the house-surgeon,

forms a fitting continuation of the series of wounds of the knee-joint which we commenced a week or two since. It will be seen that, although the finger could be actually passed into the cavity of the joint, the patient's recovery was rapid and complete, though no treatment of an unusual character was employed.

F. R——, aged thirteen, was admitted on August 12th, 1871. The boy stated that he had fallen on a pickaxe, the point of which ran into his knee. On examination a lacerated wound from which blood and globules of synovial fluid were oozing, about two inches in length, was found on the inner side of the right patella. The finger could be passed completely into the joint, and turned round in its cavity. The edges of the wound were brought together by a few interrupted silver sutures, and a dressing of carbolic acid (1 to 40) was applied. The limb was placed on a posterior splint, low diet and perfect rest were enjoined, and a mixture containing the sulphate and carbonate of magnesia was ordered every four hours. An ice-bag was also applied to the joint, and the ice was continually renewed.

Aug. 13th.—He had passed a good night, and had had no pain in the joint. Treatment to be continued.

16th.—Has not had the least pain in the knee; tongue clean; pulse quiet. The dressings were removed for the first time. The wound looked healthy; the greater part had united by the first intention; all the sutures were removed.

29th.—The wound, which had been dressed daily with carbolic-acid lotion, has nearly completely healed. Ice-bag and mixture omitted. To have meat diet.

Sept. 9th.—The wound is perfectly healed. No pain in walking or running, or when the right heel is stamped on the floor. Ordered to get up for a few hours daily.

19th.—He left the hospital perfectly well, with all the movements of the joint complete.

The patient presented himself at the hospital some weeks after his discharge, having walked a distance of four miles without the slightest inconvenience.

WOUND OF THE KNEE-JOINT.

THE notes of the following case have been kindly sent us by Mr. Mitchell Wilson, of Chatteris, in whose practice it occurred; and we have inserted it among our hospital reports in order that it may the more readily be compared with the other cases of injuries of the knee-joint which we have been publishing.

Inflammation and effusion following on a penetrating wound of the knee-joint quickly cured by leeches and rest.—Cases in which a surgeon finds a wound penetrating into a joint, and especially into that of the knee, may safely be included in the list of serious injuries, and especially as regards their after-effects. The following case is interesting in so far as that carrying out the simplest principles of surgical treatment, so as to reduce inflammation already present, as evidenced by a considerable amount of effusion, and by giving complete rest, succeeded, so that the joint regained its natural condition in the course of a week.

On the 5th of February, 1872, A. B——, aged sixteen, while at work, had one of the prongs of a hay-fork run into his right knee-joint. There was slight bleeding, but the wound soon closed, and he was able to be helped home, though the pain of walking he described as very bad. In the evening, on visiting him, he still complained of a great deal of pain on the slightest movement. The joint was considerably swollen, and the patella felt as afloat in the effused fluid. Ordered a couple of leeches to be put on at once, afterwards cold water to be applied constantly, and to be kept perfectly quiet in bed.

Feb. 6th.—Joint almost free from pain. The swelling, as measured, less than yesterday; but still the joint is larger than the left. Cold water still to be used.

7th.—Very much better. A little stimulating embrocation to be used for the next two days.

On the fifth day he was up and looking about for work, and, on examining the joint soon after, the swelling had entirely disappeared, and "it felt well like the other."

Reviews and Notices of Books.

A Treatise on Human Physiology. By JOHN C. DALTON, M.D. Fifth Edition. Revised and enlarged. With 284 illustrations. pp. 728. London: Trübner and Co.

THIS edition contains about thirty more pages than the last, published in 1867, and ten new illustrations. Very slight additions have been made to the section on Digestion. In that on Absorption we notice the old drawings of the intestinal epithelium are still retained. These do not show the characteristic clear hem or band at the free extremities of the cells, which splits up after death into stiff short hairs arranged like cilia on the broader part of the cells, and which has been described by all recent microscopic observers.

In the section on the Formation of Sugar in the Liver, Dr. Dalton gives the results of his experiments performed in 1869. He then found that if a portion of the liver of a dog was excised whilst the animal is living and immediately cut into thin pieces and thrown into boiling water, when the preliminary operations were completed in so short a time as from seventeen to twenty-two seconds no evidence of sugar could be obtained; but at the end of fifty seconds a distinct though not abundant sugar-reaction was manifest. He was, however, not satisfied with these experiments, believing that the failure to detect the presence of sugar was due, first, to the small quantity of liver-tissue employed; and, secondly, to the imperfect application of the copper test. To avoid these two sources of error, he invented a comminuting machine, consisting of two revolving fluted brass cylinders, the projections and depressions of the two mutually interlocking; the mashed liver substance is allowed to fall into strong alcohol or boiling water, so that all change is prevented from taking place, and, finally, a clear watery extract is obtained. By this means, even as early as from three to thirteen seconds perfectly unmistakable sugar reaction may be obtained, the proportion of sugar present varying from 0·804 to 4·375 parts in 1000. Here is a nut for Dr. Pavy to crack.

In the sections on the Blood and the Respiration there are scarcely any alterations. A great omission occurs in the account of the white corpuscles, no notice being taken of the spontaneous changes of form and locomotive movements they are capable of performing. Every teacher should exhibit this to his class by the aid of some of the easily adapted modifications of Stricker's stage warming apparatus. We have no doubt Dr. Dalton does this, but so important and well-ascertained a character should not have been passed over unnoticed.

The section on the Nervous System, though clear, might, we think, be expanded with advantage. That on Reproduction, on the other hand, is one of the best accounts we possess. It is curious to find that muscular tissue and its properties is passed over with the briefest possible notice. It is treated of quite incidentally under the head of the nervous system. We think it deserves a chapter to itself.

A Dictionary of Chemistry. By HENRY WATTS. Supplement. London: Longmans, Green, and Co. 1872.

GMELIN'S "Chemistry," translated by Mr. Watts into English for the Cavendish Society, and Watts's Dictionary of Chemistry, form a chemical library in themselves, and should be accessible to every Englishman who calls himself a chemist. For ease of reference, and also as affording the more modern expression of the actual state of the science, the latter of these two books has, however, to a great extent superseded the former, and chemical manufacturers, as well as medical men and others who desire to be in pos-

session of accurate and available information on a variety of chemical subjects, do well in placing Watts's Dictionary in their libraries.

Watts's Dictionary and the celebrated German Handwörterbuch der Chemie belong to the same category, but the English book is in some respects superior to its German prototype, which took so long to write that the first half was obsolete before the latter part had appeared. It was about twenty years in passing through the press, whilst Watts's Dictionary occupied about six years, having begun to issue in 1863, and being complete in 1869. When the German Handwörterbuch drew to a close, the rather clumsy expedient was adopted of rewriting the earlier letters of the alphabet. Mr. Watts, profiting by these foreign experiences, is adopting a much better method of keeping his book on a level with the times. Three years after the completion of the great dictionary, consisting of five volumes, he publishes a single volume of supplement, and so brings up the entire subject to the day.

One of the most important features of books of this kind is that they have many authors, and that, embracing a science, the different departments of that science are, as far as possible, confided to the best authorities in those departments. Mr. Watts had twenty-one contributors to the Dictionary, and of those, two died during the progress of the work. The Supplement which now lies before us has, naturally enough, needed fewer authors. The contributors to it are Messrs. G. C. Foster, Michael Foster, Benjamin H. Paul, H. E. Roscoe, and J. A. Wanklyn; and we read in the preface that "the present Supplement brings the record of chemical discovery down to the end of the year 1869, including also several additions to, and corrections of, former results which have appeared in 1870 and 1871."

Turning over the leaves of the book, we note a very interesting account of Bunsen's Analysis by Flame Reactions,—not to be confounded with spectrum analysis. The limited oxidation of Chapman and Smith, who have shown that from organic compounds acetic and other acids may be obtained with much the same precision as carbonic acid and water, is also treated of in considerable detail. Under "Aromatic Series" is a chapter on Chemical Philosophy, which those who wish to get an idea of the direction taken by modern chemical thought would do well to read. On page 15, under the title "Action of Alkali-Metals on Ethyl Acetate," may be seen a strange example of the difficulties sometimes encountered in establishing a plain and simple question of chemical fact. Does sodium give hydrogen when it acts on acetic ether? Thirty years ago Löwig and Weidmann answered in the negative; but within the last few years Geuther in Germany and Frankland and Duppa in England announced that it does, the latter chemists having found five reactions in which sodium drives out hydrogen from the ether. But still later investigation has vindicated the soundness of Löwig and Weidmann's work of thirty years ago, and shown that it was not from acetic ether, but from alcohol accidentally present, that the hydrogen was obtained. It is one of the strangest pages in the history of modern chemistry. Among matter specially interesting to medical men, we observe an article on Blood, another on Proteids, and another on Morphia, with an account of Matthiessen's Apomorphia. We recommend the volume to the attention of our readers.

ON Tuesday a meeting of the City Commission of Sewers was held at Guildhall, when Dr. Letheby, the medical officer of health, reported that during the past fortnight 1086 houses in the city had been inspected, of which 39 required various sanitary improvements. At the markets and slaughter-houses, 5253 lb. of meat had been seized as unfit for human food.

GENERAL COUNCIL OF MEDICAL EDUCATION & REGISTRATION.

Session 1872.

THURSDAY, FEB. 29TH.

DR. PAGET, PRESIDENT, IN THE CHAIR.

AT the close of the opening address of the President which we reported in our last number, the customary return from the Army Medical Department, giving the results of the examination in August last, was laid before the Council and referred to a committee to be considered before being entered on the Minutes.

The Registrar then read a correspondence that had taken place with the Home Office on the subject of Death Registry, including a communication from Mr. Bruce stating that it was in the contemplation of her Majesty's Government to introduce a Bill to amend the registration law.

Communications were then laid before the Council from the universities and medical corporations in each division of the kingdom in reply to the request of the Council that they would concert a scheme for the constitution and regulation of a Conjoint Examining Board for the part of the kingdom to which they belonged.

It was stated that no replies had been received from the University of St. Andrews, the King and Queen's College of Physicians in Ireland, the Royal College of Surgeons in Ireland, and the Apothecaries' Hall of Ireland.

Sir WM. GULL commented in strong terms on the delay in transmitting the replies, which should have been sent in, according to the request of the Council, before the close of the year.

After the communications from the English bodies had been read,

Dr. BENNETT moved, "That the Council, having considered the conjoint scheme of the Royal College of Physicians of London and the Royal College of Surgeons of England, do hereby approve and give its sanction to the same." He said that the two bodies had bestowed a great amount of labour on the subject, and had in the most loyal way endeavoured to carry out the suggestions of the Council. Indeed, their labours had been much greater than any member of the Council had any conception of. Often, when the whole thing appeared to be completed, they had been thrown back by some unexpected difficulty. At the same time, it was right to say that the difficulties in the way were not such as had been needlessly raised, with a view to interrupt their course of proceeding, but difficulties that were inevitable. After a time they all appeared to have vanished, when they received an intimation from the legal adviser of the Society of Apothecaries that difficulties stood in the way of their joining in the scheme. The two Colleges then proceeded on their own account to carry out the scheme independently of the Society of Apothecaries, their object being to draw up such a scheme as would satisfy those two bodies, and at the same time carry out the wishes of the Council by the formation of a thoroughly efficient examining board that would test the competency of candidates in both medicine and surgery. They felt that if they could succeed in drawing up a satisfactory scheme of that kind, which should commend itself to the profession, there was a fair prospect of many other bodies joining them, and there was the greatest possible desire to facilitate the introduction of the universities. When the scheme was so far completed as to render it probable that it would meet with the approval of the universities, it was sent to them, and it had virtually been acceded to by them. Before taking the final step they took the precaution of submitting the matter to the highest possible legal authority as to the power conferred upon them by the Medical Act, and especially by the nineteenth section. The scheme was submitted to the consideration of Sir Roundell Palmer and two other eminent gentlemen. One or two hints were given by these gentlemen, with a view of precluding the possibility of any legal objection being taken to the scheme; and they advised the Colleges that they were competent to carry it out irrespectively of the Society of Apothecaries, and even

of the Medical Council, except in so far as the nineteenth section of the Act required the sanction of the Council to any such combination. It was considered that the scheme came within the authority conferred by that section, and it was only for the Council to assent or dissent when the question came before them. The legal difficulties were of the most insignificant kind, and they were not obliged to entertain them at all, but they did so in order to avoid even the possibility of an objection. It would be manifest that the two Colleges had conceded very much the one to the other. Their desire had been to form a thoroughly efficient examining board. The details necessary for carrying out the scheme were not before the Council, and could not be until the Colleges had received the opinion of the Council upon the scheme itself. It was desired, however, to make those regulations as complete and as minute as possible, so that the examination should be in all respects such as the Council from the very first had been desirous to see brought into operation throughout the kingdom—namely, that it should secure in the first instance an efficient preliminary examination in the general subjects of education, and next an efficient examination in every branch of the profession prior to the students receiving a title to be entered upon the Medical Register. When he had once passed the Board, the candidate might take one or other of the licences, or both. If he desired to practise in medicine, he would probably proceed to one of the universities and take his degree, and then go to the College of Physicians. If he was going into general practice, he would go to the College, present his certificate, having passed the common board, and request the licence of the College to practise medicine. In like manner, he would go to the College of Surgeons by virtue of the same certificate, and be placed upon its register. Every successful candidate would have a right to claim to be placed upon the register both of the College of Surgeons and of the College of Physicians if he so desired. The Colleges now came to the Council for its sanction in order that they might at once prepare the necessary details for bringing the conjoint board into action. They were anxious, if possible, to do so before the commencement of the next session. In the meantime they looked forward with considerable confidence to the adhesion of the universities one after another as they were able to overcome their respective difficulties. Some of them no doubt had difficulties that would require some amount of labour to overcome; but, assuming that they had the adhesion of only two or three, there would be a scheme for England that would amalgamate five or six bodies into one. Assuming, however, that neither of the universities joined them, there would be an amalgamation of two most important licensing bodies; and so far they would have done their part, at all events, towards diminishing the number of such bodies. If their friends beyond the border and across the Channel did as much, an important step would be taken towards the accomplishment of the wishes of the Council. The colleges would be quite willing to entertain in the most full and frank way any suggestion that might be made. At the same time it should be remembered that the scheme was now presented after having encountered and overcome enormous difficulties, and any material alteration would in all probability involve its temporary, if not permanent, defeat; for the colleges might say, "We have done our best, we have spent years upon this question, we have shown every possible disposition to concede all that we were required to concede, and if the Council refuse their sanction we must give up in despair, and can go no further." But he did not anticipate a refusal on the part of the Council. They had sanctioned the junction of two important bodies in Scotland, who had not done so much, because it was not imperative that a candidate should be examined in every subject before obtaining one or other of the licences. The colleges were extremely anxious that the scheme should not result simply in an amalgamation; they would be grievously disappointed if it did not lead to a more complete co-operation on the part of the licensing bodies throughout the country. With regard to the Society of Apothecaries, he did not see how it could concur in the scheme. There appeared to be difficulties in the way which could not be easily overcome, and he was sure that any plan that might be proposed by that Society with a view of overcoming them would not be entertained by the colleges unless under the pressure of legislative interference. He therefore trusted that the Council would regard the scheme as having been submitted in the most loyal spirit, and with the simple earnest desire to carry out the great object of reducing the number of licensing bodies, and making the examining boards more uniform in their action.

Dr. ACLAND seconded the motion.

Dr. ANDREW WOOD said he was willing to give his distinct approval to the proposed combination of the two colleges, but he demurred to the scheme being considered as a carrying out of the resolution of the Council, which was that conjoint examining boards should be formed in each of the three divisions of the kingdom, and that every person who desired to be registered under any of the qualifications recognised in Schedule A to the Medical Act should be required, previously to such registration, to appear before one of those boards, and be examined on all subjects that might be deemed advisable by the Medical Council; and by the resolution of the 28th February, 1870, the universities and medical corporations in each division of the kingdom were requested to concert a scheme for the constitution and regulation of conjoint examining boards for that part of the kingdom to which they belonged. If the scheme now before the Council was merely a scheme for the co-operation of the College of Physicians and the College of Surgeons, as in the case of the two Scotch bodies, he approved of it, and he was glad that they had taken advantage of the 19th section of the Act for the purpose of forming a conjoint board; but he distinctly demurred to it being called a scheme for an examining board for England.

The PRESIDENT said it was not so called in the resolution.

Dr. ANDREW WOOD said it was entitled in the Minutes "A scheme for an examining board for England." In Scotland and Ireland they might perhaps have failed to carry out the wishes of the Council, but they had been endeavouring to grapple with the whole difficulties of the case, and to form a conjoint board for that part of the kingdom to which they belonged—to arrange a scheme which should include everybody, and leave no one out in the cold. The way in which the English gentlemen had got over the difficulty was by leaving out of consideration a most important body, the Society of Apothecaries; who would still continue to send out their licentiates to practise upon a single qualification. Therefore, although he was extremely glad that the College of Surgeons and the College of Physicians were acting as they were, it should be understood that they were not bringing forward a complete scheme for England, but only proposing a partial co-operation, such as had been brought into operation ten years ago in Scotland. In Ireland and Scotland they had been blamed for their dilatoriness; but if the Irish and Scotch resolutions were read it would be seen that, though they differed in some particulars, there was a large amount of agreement among them; and he believed, if time were given, they would completely harmonise and form a real conjoint examining board. If the Council sanctioned the present scheme, it should not be understood that any slur was cast upon Ireland and Scotland, where they had not succeeded in establishing a conjoint board, especially as the difficulty had only been overcome by leaving out the Society of Apothecaries. The "legal difficulties" which were said to stand in the way of the co-operation of that Society had not been stated to the Council. What were they? If he understood rightly the communication made by the Society of Apothecaries, it appeared that the difficulty was that the Colleges of Physicians and Surgeons were unwilling to consent to some arrangement proposed by the Society. He should be glad to hear a statement on the subject from the representative of the Society. There could be no doubt that the omission of so important a body was a decided flaw in the proposal. That the difficulties were not insurmountable might be gathered from the scheme that had been propounded by Trinity College, Dublin. He was aware that it had not been agreed to by the bodies [Sir D. CORRIGAN: Not any of them], but they appeared to have grappled with the subject in the most manly way, and to have proposed an honest and complete scheme if it could be carried out. If in Scotland and Ireland they had failed it was not because they had not given their best energies to the subject. With all his sanguine expectations that the matter might be carried out by mutual concessions and by discussions among the boards, he was sorry to say that he had come to the conclusion that it could only be effectually ac-

complished, for the benefit of the public and of the profession, by means of medical legislation.

Sir D. CORRIGAN gave his hearty approval to Dr. Bennett's proposal. The only question was whether the Council would give its assent to the proposed combination under Clause 19 of the Act empowering any two or more bodies to combine with the sanction of the Council. Dr. Andrew Wood had objected that all the bodies had not joined; but that was their own fault, and not the fault of the two Colleges, whose example, he thought, ought to be followed as soon as possible. The Council, however, had only to deal with the question before it of the combination of the two bodies that desired it. Dr. Andrew Wood seemed to him to be speaking rather against his own convictions [Dr. ANDREW WOOD: No, no], seeing that the proposed combination interfered with his wonderful plan of blending them all into one, which he believed would never be carried out. If he were sincere in his convictions, he ought to move the dissolution of the partnership existing between the two Scotch bodies that had united some years since.

Dr. A. SMITH agreed with many of the observations of Dr. Andrew Wood; but he thought the Council ought to sanction the proposed combination, which was nothing more than the conjunction of the two bodies immediately concerned.

Dr. ALEX. WOOD thought that the remarks made by Dr. Andrew Wood were very pertinent, and deserved the serious consideration of the Council. He would ask the Council, for what purpose were they met at so inconvenient a season? It was to act upon the resolution passed at the last session: "That a meeting of the Council be held early in 1872 to receive the proposals of the bodies for conjoint examinations; and to consider whether any and what steps should be taken to carry out the resolutions of the Council in favour of such combinations." They were met to consider schemes for conjoint examining boards for each division of the kingdom; but there were no such schemes before them. The scheme proposed was very little more than the scheme of the two Scotch bodies that united many years ago without any external compulsion; and if the Council sanctioned it, as he hoped it would do, they were scarcely a single step nearer the desired consummation than they were last year. (Hear, hear.) The scheme was not what they were met to consider, and it would be a mockery and a delusion to hold out to the country that it was. The real difficulty had not been solved; the Gordian knot had only been cut. The second largest licensing body in the kingdom was not included in the scheme at all; and it could hardly be supposed that they were going to be "snuffed out like a fly." They would not suffer themselves to be quietly extinguished, but would go on giving their licences. There would thus be the competing licences of the Colleges of Physicians and Surgeons, on the one side, and those of the Society of Apothecaries on the other. He agreed with Dr. Bennett's motion; but let it be distinctly understood that the scheme which had been so long in gestation had ended in nothing more than that which was accomplished in Scotland ten years ago.

Dr. PARKES could not agree with the previous speakers that the scheme proposed was a very small part of what the Council desired. When the two English Colleges had worked so laboriously, and with such a desire to advance the public interest, the Council should urge them to take one step more so as to make the board a truly conjoint one for the whole kingdom, which could only be done by including the Society of Apothecaries, which had done so much for medical education. He would ask the representative of that Society whether the difficulties in the way were really insuperable; and would suggest that in approving the scheme the Council should express an opinion that, if the legal difficulties could be overcome, the Society of Apothecaries should be admitted to a share in the examination.

Dr. BENNETT said he had no objection to the Council expressing that opinion; but he objected to its forming part of his resolution.

Mr. BRADFORD said it had been represented that the Society of Apothecaries had been the means of defeating the conjoint scheme. That he denied. They had certainly put forth some objections to the scheme as altered, not to the original scheme. The scheme to which their assent was first asked was one in which they could have loyally and heartily united, but the College of Surgeons found that there were difficulties in the way and an entirely new scheme was proposed. The Society of Apothecaries did not break off the negotiations. Their legal adviser, who was probably more conversant with medical legislation than any gentleman he could name, pointed out, having taken the opinion of counsel, that there were certain difficulties that ought to be considered. No opportunity was given for discussing those difficulties. The meeting was adjourned *sine die*; all further communication was cut off; and from that day to the present the Society had received no official communication from the two colleges, except a copy of the draft scheme, and had not been invited to co-operate, or take part in the affair. The difficulties were these. In the first place they were not bound by charter, but by Act of Parliament, and the Act prescribed the condition of apprenticeship, which was therefore indispensable. That difficulty, they were advised, was insuperable. The second difficulty was with regard to the fee, which the Act fixed at six guineas; and that they were also advised was almost insuperable. He did not dispute the legality of the scheme propounded; but the Act of Parliament distinctly required that a person having one of the qualifications recognised in the schedule was admissible to the Register, and if such licence were refused it would not be acting in the strict spirit of the law. The Society of Apothecaries was most willing to co-operate with the other medical authorities in forming a conjoint scheme, and if they were prevented doing so, it was not their fault. The scheme at present proposed for combining the two colleges, and excluding the licentiates of the Society of Apothecaries from the privilege they had enjoyed so many years, was not, in the opinion of the Society, according to the law of the land; 85 per cent. of the licentiates within the last four years had received the diploma of the Royal College of Surgeons. Had anything taken place to alter that state of things? He saw no reason why that class of general practitioners should be excluded from the position they had hitherto held. Was there any other class better qualified than the general practitioner who held the double qualification? He would ask the representative of the army and navy if there were any men better qualified, or any men more carefully tested before they were admitted.

Dr. QUAIN said that the Colleges of Physicians and Surgeons had sought loyally and conscientiously to carry out the resolutions of the Council, and had succeeded so far as to obtain the co-operation of all the bodies in England except one, and he would explain the reason for that exception. Mr. Bradford had led the Council to believe that the colleges had in some measure rejected or thrown over the Society of Apothecaries; but that was not the fact. The scheme alluded to by Mr. Bradford was simply a scheme for the examination of general practitioners; it was not anything like a conjoint scheme. He (Dr. Quain) opposed it in committee, but was not successful. The College of Physicians was willing to adopt it, but when it came before the Council of the College of Surgeons they, with more wisdom, and with the desire to carry out more fully the resolution of the Council, said, "No, it is simply an examination of general practitioners; the universities have nothing to do with it, and we will not consent to it." The scheme was then put into its present form, and was brought before the conjoint committees. The solicitor of the Society of Apothecaries was present, and said, "We cannot join in that scheme; we are required by law to examine in medicine; we cannot examine in surgery, but you are going to require us to do so. We are required to give a diploma for £5; we cannot require our men to pay £30." The Society, therefore, withdrew from the scheme, and it was their own fault if they were not included in it. They had not since attempted to remove the difficulties in the way. It was certainly for them to suggest their removal, and not the two colleges.

Mr. BRADFORD said he must be understood to dissent from the statement of Dr. Quain.

Dr. QUAIN said that the colleges had consulted eminent legal advisers as to whether the scheme could be carried out. The College of Physicians simply said, "We will only give our licence to those who pass such and such an examination." They could make any regulations they pleased as to carrying out their own examinations. The College of Surgeons, in like manner, said, "We will only give our

diploma to those who pass the medical examination." If the Apothecaries' Society could get over the difficulty, and say that they were willing to co-operate, the other bodies would be extremely glad.

Dr. ANDREW WOOD.—Why not meet together?

Dr. QUAIN.—They withdrew from us.

Dr. ANDREW WOOD.—Meet them again.

Dr. QUAIN said that there were difficulties in the way of the University of London joining the scheme, but the other universities had given it their sanction, and he hoped that the University of London would ultimately come in. It was obvious that the bodies had done their best to carry out the wishes of the Council.

Dr. HUMPHRY said the scheme was not a complete one, but it was as complete as the English corporate bodies could make it; and if the licensing bodies in Ireland and Scotland had done as much, the difficulties of the Council would have been greatly diminished. It was a more complete scheme than appeared on the face of it, and the practical result would be that almost every practitioner in England would pass the board, so that it would be virtually an examining board for England. It was not a simple combination of the College of Physicians and the College of Surgeons, but a combination of those bodies together with the universities; and this was the first time that such a combination had been carried out. Whether the University of London participated in the scheme in the way desired or not, it would be represented on the Committee of Reference, so that every corporate body in England with the exception of the Society of Apothecaries would be represented on the committee that would have to appoint the examiners, and the examiners would carry out the conjoint examination under their superintendence. Having been very largely concerned in the negotiations, he could bear testimony to the patience and good-will that had been shown by each of the bodies. He was quite sure that the University of Cambridge had entered into the question with the simple desire to promote the welfare of the profession and the public. They had consented to relinquish the privilege of granting licences, because they thought it would tend to promote a better general examination. He could testify to the general correctness of the statement made by Dr. Quain. Mr. Bradford had endeavoured to throw the onus of rejection upon the College of Surgeons, but that was not consistent with the facts of the case. A scheme was proposed, which was rejected by the College of Surgeons; but the difficulties of the Apothecaries' Society under that scheme would have been precisely as great as they were under the present. When the plan was brought forward in which the Society of Apothecaries were admitted to the full share which they desired in the medical examination, then for the first time a difficulty was propounded by their legal adviser. The difficulty was not propounded as an objection to that particular scheme, but as an objection to union at all. (Hear.) It was stated that they could not combine with the College of Physicians and the College of Surgeons, and that the difficulty would have existed in any other combination that might have been proposed. He was pretty sure that his memory served him right when he said that the difficulty suggested by the legal adviser was not to joining in that scheme, but to the joining in any scheme. It was not therefore quite fair to throw the onus upon the College of Surgeons, who had laboured in real earnest for the admission of the Society of Apothecaries. He thought the proposed scheme would be a great advance upon anything that had preceded it; and if the other divisions of the country obtained the same result, there would be practically one examination board for each division.

Mr. BRADFORD regretted that there should have been any misunderstanding as to the cause of the retirement of the Society of Apothecaries from the conference. The President of the Royal College of Physicians declared the meeting to be closed. He (Mr. Bradford) was exceedingly surprised, expecting that a decision would have arisen as to the nature and extent of the objections advanced. At the commencement of the discussion a suggestion was made by the legal adviser of the Society that any propositions that were brought forward to form a conjoint board must be subject to legal considerations. As soon as the conjoint scheme took a definite form the legal objections were stated. The Society did not suppose that they were insuperable or that it was impossible to form a conjoint board; they were fully under the impression that the negotiation was closed by the act of the Royal College of Physicians and not by themselves.

Dr. STORRAR said that under ordinary circumstances he should not have ventured to say a word on the subject, but, as the representative of the University of London, he could hardly give a silent vote. He wished to remind the Council of the active part that the university had taken in promoting the present combination. For himself it had been a matter very near his heart. When the Medical Bill was dropped by Government about two years ago, he felt, perhaps, a little excited, and thought that the less the universities had to do with the matter the better; but, looking calmly at the circumstances of the case, and seeing the enormous improvement that had taken place in the Colleges of Physicians and Surgeons, he was glad that the universities were willing to join in the scheme proposed. The mere legal difficulty in the University of London had nothing to do with the cordiality with which the university approved of the scheme. The probability was that every medical graduate of the university would appear before the conjoint board; they would feel it a great advantage, after passing through certain examinations in the university, to have simply to go through a final examination by the board. Even if the university should be shut out altogether from the combination, he thought it had public spirit enough to recognise the principle as a sound one and to give it its support. With regard to the combination carried out in Scotland, he thought that too much importance was attributed to it. After all, what did it amount to? In the face of a great fight that was going on between the Scotch bodies and the universities, they agreed to unite for the purpose of conferring a conjoint qualification when convenient, but any candidate could present himself for a single qualification. As to the Apothecaries' Hall, he held that body in very great respect for the work it had done since 1815, and the important place it had occupied in medical education, and it was with some pain that he saw the probability of an extinguisher being put upon the Society. If they had voluntarily said "we see how our work can be better done elsewhere, and we will draw our mantle around us and disappear," that would have been an honourable position to take; but they thought otherwise, and he could not help regretting that a blow was being struck against a body that had done such service to the country.

Dr. A. THOMSON then moved the adjournment of the Council, and said he intended to propose the following amendment:—"That the Council approve generally of the scheme for a conjoint examining board for England proposed by the Royal College of Surgeons of England in so far as it goes; but the Council is of opinion that further exertions should be made to include all the English licensing boards in the scheme."

The Council then adjourned.

FRIDAY, MARCH 1ST.

The Council deliberated for some time in private on the case of a medical student alleged to have been guilty of forging a certificate of his having passed his preliminary examination at the Hall of the Society of Apothecaries by which he obtained admission on the Students' Register; and the solicitor was authorised to take the necessary steps to prosecute the person implicated.

The adjourned debate was then resumed on the motion of Dr. Bennett and the amendment of Dr. A. Thomson with reference to the conjoint scheme of the Colleges of Physicians and Surgeons.

The PRESIDENT suggested that it would be better if Dr. A. Thomson would bring forward his proposition as a substantive motion instead of as an amendment; but he was perfectly in order in persisting in the amendment if he so desired.

Dr. A. THOMSON said he should be glad to comply with the suggestion of the President, but having given the matter very full consideration, and still holding the opinions which induced him to bring forward the amendment yesterday, and having been very much confirmed in them by communications with a considerable number of the members of the Council, he felt constrained to persevere, because he thought that the Council ought not to give an unqualified approval of the scheme in the terms of Dr.

Bennett's motion. He did not wish to delay or to modify the expression of general approval which the majority of the Council seemed disposed to give to the scheme; he quite approved of it as far as it went; but the Council having been called together in the expectation of receiving complete schemes for the three divisions of the country, he did not think it would be right that an unqualified approval should be given to a scheme that was defective inasmuch as it did not include all the bodies in the English section. The Council should look not merely to the benefits which the scheme would confer upon the public and the profession, but to the special circumstances in which they were placed. They were not sufficiently informed as to the circumstances which had prevented the Society of Apothecaries from being included in the scheme. The University of London had not yet given its adhesion to the scheme, and he desired fuller information as to the probability of that body being included in it. It was in no adverse spirit that he proposed his amendment, but from a desire that the whole matter should be referred to. He regretted that he could not accede to the suggestion of the President, but he was willing to modify the terms of the amendment in any way that would meet with the general approval of the Council. By the permission of the Council he would present it in a somewhat altered form, which would, he believed, make it more acceptable to some members of the Council. "That the Council approve of the conjoint scheme of examination submitted by the Royal College of Physicians of London and the Royal College of Surgeons of England, to which the Universities of Oxford, Cambridge, and Durham have given their adhesion. The Council has at the same time to express its desire that means may be found by which the University of London and the Apothecaries' Society may be enabled to join in the scheme so as to render it a complete scheme for a Conjoint Board for England."

The PRESIDENT inquired whether it was intended by the amendment to give the sanction of the Council to the scheme under the 19th section of the Medical Act? If so, the word "sanction" had better be used.

Dr. A. THOMSON said he had only intended at first to express the approval of the Council, but he was willing to go further, and, according to the President's suggestion, propose the Council's "sanction" to the scheme.

Mr. QUAIN said that in the communication presented to the Council by the Society of Apothecaries it was stated that the proposed scheme violated the express provisions of the Act of Parliament, which gave to each person the right of registering upon a single qualification. If that view were correct, all that they had hitherto been doing would be useless. He had before him a memorandum which was made of the occurrences that took place when the Society of Apothecaries withdrew from the negotiations. The solicitor, Mr. Upton, a very estimable man, but one who looked rather at the words than at the spirit of the Act, was present, and read an opinion of Mr. Archibald in reference to the legal powers of the Society to take part in the conjoint scheme. The result of that opinion was that there were three objections to the scheme, which rendered it legally impossible for the Society to join in it. First, that the apprenticeship required by the Society could not be set aside; secondly, that the Society could not enforce an examination in surgery in the case of candidates for its licence; and thirdly, that the Society could not compel the payment of the increased fee. As regards the first of these objections, Mr. Upton stated that means might be devised to get over it, but not so in the case of the other two. After this statement, the President of the College of Physicians, who was in the chair at the meeting, suggested that as the legal difficulties of the Society of Apothecaries were insuperable it was useless to try to continue negotiations with that body. The representatives of the Society of Apothecaries, agreeing with the President's remark, retired from the meeting, and the committee of the two colleges then continued their negotiations for the scheme. Besides the three difficulties referred to in the memorandum, there were some others, and one of these had reference to the qualification of the examiners. With regard to the statement of the Society of Apothecaries respecting the substitution of one scheme for another, it would be well that the exact facts should be stated. There was at first a draft scheme agreed upon by the committees of the three bodies, but it had reference only to the formation of a board of examiners for general practitioners, from which the universities were wholly excluded. To that scheme the College of Surgeons objected. The scheme proposed that the three corporations should appoint the examiners. At this time the Committee of Reference in its present form had not been decided on; it was, however, under discussion long before when the delegates of the Society were present, and Mr. Upton stated that the Society could not legally agree to such a committee, and as a matter of feeling would not do so if no difficulty stood in the way. The 4th Section of the Apothecaries' Act of 1815 required that no person should be a member of the Board of Examiners unless he was a member of the Society of Apothecaries of not less than ten years' standing. That had, he believed, always been a difficulty in the way of the Society of Apothecaries. He believed from the information received from the universities, that there would have been a difficulty in their agreeing to the examination of their graduates by a board, some of whose members should be not necessarily the best men that could be selected, but apothecaries of ten years' standing. He was aware that the examiners of the Society were members of the College of Physicians, and highly respectable men, but it was generally thought that the proposed system of limitation would not be a good one. In the scheme before the Council it was proposed that the Board of Examiners be appointed by the co-operation of the College of Physicians, the College of Surgeons, and such other medical authorities recognised in Schedule A as might take part in its formation. He had no doubt that if the Society of Apothecaries could get rid of its legal difficulties it would easily find a place in the scheme, but that was a question on which he was not authorised to speak. It had been urged by Drs. Alex. and Andrew Wood that the scheme was only a union of two corporations. If they could show him in Scotland a union of two corporations with three universities, and a fourth to come in as soon as the law would permit, he should be delighted to see it. If there were such a scheme in Scotland it would, he thought, look larger in the eyes of those gentlemen than the proposal before the Council. He hoped that it would not be necessary to go to Parliament on the question, but that they would have energy and firmness enough to carry it out themselves. (Hear, hear.) He remembered, when the present Act was proposed in 1845, going to Sir James Graham, and pointing out to him, among other things, that the nineteen bodies were created under that Act. It was the Legislature and the Government that had placed them in that difficulty, and he would not go to them to help them to get out of it. It would not be expedient to go to the noble lord at the head of the Privy Council on the subject; they would be very bad patriots to do anything to divert his mind from the Alabama claims. (A laugh.)

Dr. BENNETT said he could confirm all that Mr. Quain had stated with reference to the Society of Apothecaries. He had the highest opinion of the legal adviser of the Society, who was an intimate friend of his own; but the facts were certainly as stated by Mr. Quain. He had a distinct recollection of them. The scheme proposed at the meeting referred to was essentially that before the Council; and Mr. Upton took from his pocket a written opinion of counsel, to the effect that there were legal difficulties in the way that appeared insuperable, upon which they all said, "Then there is an end of the matter." The President said, "We need not further discuss the question; it is clear that the Apothecaries' Society is unable to go on with us." And then the conference broke up. Dr. Andrew Wood, who spoke contemptuously of the proposed scheme, could hardly have studied it. For the first time a junction was to be effected between two bodies who agreed to give up their independent right to enter upon the Register. For the first time there was a scheme in which the universities were able to join, and to which several had given their adhesion. No approach to that had been made in Scotland or Ireland. Again, for the first time a scheme was before the Council which rendered it imperative upon every man who was entered upon the Register to be examined on all subjects, the examiners not being necessarily fellows or members of the bodies uniting in the scheme. The colleges and universities had manifested a spirit of self-sacrifice which had not been witnessed on the other side of the border, nor any approach to it. Even if the proposal should

end in nothing more than the amalgamation of the two colleges, it would be an enormous step in advance towards securing a uniformity of examination for entering upon the Register, for it would certainly comprise a large majority of those practising in England; 98 or 99 out of 100 general practitioners would come before the conjoint board. He believed that the only way in which the Irish and Scotch bodies could eventually succeed would be by doing something of the same kind, being content to make an advance towards a complete scheme, taking in one body after another, as opportunity might be afforded. Their difficulties were, no doubt, great. He did not throw much blame upon them for not having succeeded, but he did blame some of them for not having sent in their statements before the meeting of the Council. There were, he believed, in the proposed scheme all the elements of such a board as the Council had long desired. The Committee of Selection was not indeed appointed by the Government, but the members were chosen quite irrespectively of any peculiar tendencies or prejudices of one body or the other; and he had no doubt that the examiners would be selected from the very best men in the kingdom. If it were the general feeling that the proceedings would be facilitated by his withdrawing his resolution in favour of Dr. A. Thomson's amendment, he would do so, though he did not quite approve of tacking on to the resolution a reference to the Apothecaries' Society and the London University. He would withdraw his motion in favour of the amendment if by doing so the discussion was to be considered as brought to a close.

The PRESIDENT said that the course suggested would not necessarily close the discussion, since the amendment, if carried, would have to be put as a substantive motion, upon which any other amendment might be moved.

The amendment was then put, and was carried by a majority of 14 against 3. On its being put as a substantive motion,

Sir D. CORRIGAN said he had an amendment to propose. (Laughter.) Gentlemen might smile, but it was a serious matter. He proposed — "That the Council, under the powers conferred upon it by Clause 19 of the Medical Act, approve the conjoint scheme of the Royal College of Physicians of London and the Royal College of Surgeons of England for an examining board."

Dr. ANDREW WOOD.—That is the same as Dr. Bennett's motion.

Sir D. CORRIGAN. — No, it is not; because Dr. Bennett has not alluded to the clause in the Medical Act. ("Oh!")

The President ruled that the amendment was a competent one.

Dr. APJOHN said it had been stated that the Universities of Oxford and Cambridge approved of the proposed scheme, but he saw no indications in the documents before them of the approval of those bodies.

Dr. BENNETT said there was a provision for the representatives of the universities taking part in the Committee.

Dr. APJOHN.—It is not said that they will abstain from giving degrees. The representatives of the universities are present, and I should like to ask them to explain how far those bodies will co-operate.

Sir D. CORRIGAN said he had not yet spoken in support of his amendment. It was stated in the motion that the universities had given their "adhesion" to the scheme. They had not done so; they only "approved" of it, which was a very different thing. A man might approve the formation of a joint-stock company, but it did not follow that he would take shares. There was not a word to show that the universities would give up their privileges as the Colleges of Physicians and Surgeons had done. He regretted that the question of the Apothecaries' Society should have been introduced at all, as it had no connexion with the subject under discussion. He could only characterise it as a private squabble between the licensing bodies, and it ought not to occupy the time of the Council. If two bodies agreed to join in a scheme, the Council need not go into the reasons why other bodies did not come in. The Act of Parliament authorised any two bodies to unite, and that was enough for the Council, without going into the question of other bodies who thought they were badly treated.

Dr. QUAIN said the Council had requested all the bodies to co-operate, and an explanation was therefore given why they had not all done so.

Sir D. CORRIGAN contended that the motion proposed by Dr. Thomson was a very vague one. It suggested "that means may be found" for uniting the different bodies. But who was to find the means? Were they to be found by the Council, or was the question again to be remitted to the licensing bodies for more squabbling?

Dr. THOMSON said it had been suggested to him that it would be more accurate to state, in the motion before the Council, that the universities had given their "approval," instead of their "adhesion" to the scheme. (No, no.)

Dr. ACLAND said it seemed to be supposed by some members of the Council that the universities had given their adhesion to the scheme without intending to join in it; but no one who was in the least degree conversant with the mode of transacting public business at Oxford could entertain such an idea for a moment; and no doubt the same could be said with regard to the other universities. Of course no one could be responsible for the votes of such large bodies; but all propositions laid before them were *bonâ fide*; and at Oxford the slightest suspicion of an *arrière pensée* would ensure the rejection of any proposal that might be submitted. The authorities at Oxford had assented and were parties to the scheme; and, as soon as the sanction of the Council was given, they would remodel their statute. It was an error to suppose that it was a scheme of the College of Physicians and the College of Surgeons; it was the scheme of all the English bodies except the Society of Apothecaries. The universities would cease to confer degrees upon a pass examination; and they would have to consider what would be the nature of university honours in respect to medicine. The London University, from the commencement, had regarded its degree as an honours degree, and the same view had prevailed at Oxford during the last ten years. The question for the Council now to consider was whether it would approve of what had been done. It was a singular circumstance, however, that the question of whether the scheme was a good one had not been raised. Those who had concurred in it were very grateful that it had been received so kindly and frankly.

Dr. HUMPHRY said that happily the position of the University of Cambridge did not depend upon anything he might say, but upon the document before the Council, which distinctly stated that "each of such co-operating medical authorities will abstain from the exercise of its independent privilege of giving admission to the Medical Register"; and the Committee of Reference was to consist of one representative of medicine and one representative of surgery appointed by each of the universities of England. The Vice-Chancellor of the University of Cambridge stated, "I have the honour to inform you that the scheme adopted by the Royal College of Physicians and the Royal College of Surgeons has been approved by the Senate of the University." The Senate of the University therefore approved that it should be one of the bodies co-operating in the scheme. (Hear, hear.) It was certainly acting *bonâ fide*. It had considered the question in all its various stages; it had gone into it most carefully, and had made several suggestions respecting it which had been adopted. It was quite aware that in assenting to the scheme it gave up its privilege of admitting to the Medical Register—that was, of giving its degrees to any who had not passed the conjoint board. The question had been discussed openly in the Senate; printed papers had been circulated respecting it; and the point was clearly understood.

Dr. EMBLETON said that the adhesion of the University of Durham was as complete and *bonâ fide* as that of Oxford and Cambridge.

Sir W. GULL said that Dr. Acland's statement was quite true that the University of London had never set before it the mere principle of registering men to practise, but its great object had been to advance the study of medicine in every possible direction. The proposed scheme in no way conflicted with that object, and he hoped that it would, without further delay, receive the sanction of the Council. It was a much larger scheme than those who were acquainted with the practice of medicine in England imagined. It was the largest scheme that could be brought forward as affecting the practice of medicine in England, Scotland, or Ireland.

Dr. ALEX. WOOD said that Sir D. Corrigan had somewhat artfully brought the Council into the awkward position of being asked simply to give its assent to a scheme for the

proposed junction between two English bodies. No such question was properly before them. There was no request, so far as he knew, on the part of either of the bodies concerned, for the sanction of the Council, and the Council would be going beyond its powers under the 19th section of the Act to sanction a scheme of union which was not really submitted to it. The different bodies were requested to do certain things, and, in compliance with the request, certain propositions had been laid on the table. The Council was required to express an opinion upon those propositions, not to sanction a combination under the 19th section of the Act, but to say how far the bodies had complied with the requisition sent to them last year. Under those circumstances the proposition of Dr. A. Thomson was a perfectly legitimate one, as the Council was called upon to express an opinion as to how far the English bodies had succeeded in what they had done, or how far they had failed. He did not, as had been suggested, in the least degree underestimate the scheme that had been brought forward or the difficulties which must have been encountered by those who inaugurated it, and who deserved the gratitude of the Council. At the same time he regretted that it had not gone a little further; for it was nothing more than was accomplished ten years ago in Scotland. It had been objected to the Scotch scheme, that it left it optional with the candidates to go before the united boards or before the separate boards. But he wished to warn his friends in London that they had yet to ascertain whether the law would enable them to dispense with the power conferred upon their colleges by royal charter. He believed if the College of Physicians or the College of Surgeons in Edinburgh were to refuse to take a man upon trial unless he presented himself before the conjoint board, there were certain legal means that might be adopted to compel them to follow out their charter. Therefore, believing this to be the case, they had kept clear of doing that which might expose them to the pains and penalties of the law. They had, however, done their best to discourage the separate system. In a few years he thought the London bodies would have found out that they had made a great mistake in attempting to make that compulsory which the law had not sanctioned.

Mr. BRADFORD said he did not think it would be consistent with the law for each body, according to the scheme, to "abstain from the exercise of its independent privilege of giving admission to the Medical Register."

Dr. QUAIN said that the College of Physicians and the College of Surgeons had taken the utmost pains to ascertain the legality of their proceedings. They would refuse no one; they would examine any gentleman that the Society of Apothecaries might send, but the examination would be by the conjoint board.

The amendment of Sir D. Corrigan was then put and negatived, and the motion was adopted *nem. con.*

The following communication was then laid before the Council from the Board of Commissioners in Lunacy:—

"Office of Commissioners in Lunacy,
"Whitehall-place, Aug. 2nd, 1871.

"SIR,—The Commissioners in Lunacy have recently had occasion to make inquiry respecting the validity of a medical certificate for the admission of a patient into a licensed house in the county of Sussex, which was signed by a Dr. J. D. Blake, of Taunton. In reply to the inquiries made by the Board, Dr. Blake has stated that he is not duly registered as required by the 16th Section of the 21 & 22, cap. 90; and the Board now submit the matter for the consideration of the Medical Council, with a view to their considering what proceedings, if any, they may feel it their duty to take in the case. The Board beg to point out that, by means of the certificate signed by Dr. Blake, a private female patient has been for several days illegally placed under confinement.—I am, Sir, your obedient servant,

(Signed) "THOMAS MARTIN,
"For the Secretary.

"The Registrar, General Council of Medical Education, &c."

Dr. A. SMITH thought that the Council could not entertain the question. The person complained of was not a registered practitioner, and it was strange to throw the onus of a prosecution upon the Council.

The REGISTRAR stated that Dr. Blake had been removed from the register of the College of Surgeons, and had never been on the Medical Register.

After a short discussion, it was resolved, on the motion of Sir D. Corrigan, seconded by Dr. A. Smith,—"That, in reply to the letter of the Secretary to the Commissioners in Lunacy, dated August 2nd, 1871, the attention of the Commissioners be drawn to Clause 38 and Clause 40 of the Medical Act (1858), under which it is declared that no certificate required by any Act now in force shall be valid unless the person signing the same be registered under the Act, and that 'any person who shall wilfully and falsely pretend to be, or take or use the name and title of, a physician &c., shall, upon a summary conviction for any such offence, pay a sum not exceeding £20.'"

The Council then adjourned.

SATURDAY, MARCH 2ND.

A communication was laid before the Council from the King and Queen's College of Physicians in Ireland, in reference to a conjoint board; and another on the same subject from medical practitioners in Scotland.

Dr. ALEX. WOOD suggested that a letter which had been addressed to the President by Sir R. Christison (who was prevented by illness from attending), in reference to conjoint examinations, should be entered on the Minutes.

Sir D. CORRIGAN objected to the insertion on the Minutes of a communication from an absent member, as establishing a dangerous precedent.

Dr. ANDREW WOOD said that the object was to give the letter publicity, and this would be attained by handing it to the press.

Dr. BENNETT thought it should not be given to the press except as part of the Minutes of the Council.

Dr. ANDREW WOOD said he would take upon himself, as Sir R. Christison's friend, to give his letter to the press.

The letter was, in abstract, as follows:—The writer expressed an opinion that the Council was upon a wrong course in attempting to carry out the measures which would unnecessarily and vexatiously multiply the examinations of candidates, destroy the stimulus derived from the individuality of the present system of examining boards, and detract from the influence, and even endanger the prosperity, of the Royal colleges. The main objections urged by the writer were these—(1) Uniformity of examination by a single examining board is a mere delusion. A board for each division of the kingdom is an impossibility. In Scotland there must be three, in Ireland as many, in England probably twice that number. Whether the boards meet in one city or in several, their examinations must be different, and any approximation to equality which may be effected under the proposed new scheme may be brought about as well through the influence of the Medical Council by a proper understanding between the existing boards of the country as amended, or even as they now stand. (2) If it be insisted on that in each division the examinations shall be conducted by only one board, it will require such an enormous consumption of time as would be incompatible with the examiners following either professional or professorial pursuits, and persons in high position would not undertake such a duty. (3) The scheme is very costly, and medical education is costly enough already, considering the professional emoluments to which it leads for nine-tenths of the members of the profession. (4) The profession or the country will not be likely long to submit to the colleges drawing a large fee from every candidate for whom they do nothing but give a title, and a renewed clamour would be raised against the medical corporations. (5) The scheme will take away from existing universities and corporations the self-reliance, emulation, and enterprise which are the result of each being allowed to teach and examine according to its own constitution and the *genius loci*. Prussia is giving up the Staats Examen, of which the contemplated scheme is an imitation, and the evils of centralised and uniform education and examination are now generally acknowledged. The writer concluded—"I would earnestly entreat the Council to consider whether it be not its wisest course to pause at the present stage, to beg from the Government two years' respite at most, and to set about diligently to so far combine, or rather to complete, the present boards, that no candidate shall obtain such a qualification as will entitle him to registration without having been examined both in surgery and in medicine, and also to perfect clinical in-

struction, by urging that every candidate shall have an opportunity of having a certain responsible charge of patients before he is allowed to appear for his final examination. With these objects attained, I am satisfied that under a due system of inspection of examinations, the complex, costly, vexatious, and doubtfully expedient check, by the scheme of conjoint examining boards, would become superfluous, and would be proved to be so."

Dr. PARKES said it appeared that Scotland had not succeeded in forming a conjoint board; and he wished to ask the representatives of the Scotch bodies whether they saw any hope of a board satisfactory to the Council being formed?

Dr. MACROBIN said that a meeting had been held on the subject, at which a general opinion was expressed in favour of a conjoint board, but there were differences of opinion as to the extent of the examination. The view expressed at the meeting was afterwards confirmed by the different corporations. [Dr. ANDREW WOOD: No, no.] As regards the question of the conjoint board, but not as to the extent of the examination.

Dr. ANDREW WOOD said it would not be respectful to the Council if, in answer to the question that had been asked, the Scotch representatives did not state distinctly all that they had been doing. They had been unjustly blamed, as though they had not endeavoured as far as possible to conform to the wishes of the Council. The letter of the Council was received by the Scotch bodies at the end of July. Every one who knew anything of the Scotch schools would be aware that nothing could be done in August or September, or the beginning of October. It was not till the middle of October that the bodies could consider the question individually, and it was much later before they were able to confer together on the subject. Everybody went into the question with perfect *bona fides*; and though many individual members did not approve of a conjoint board, the majority of the corporations and universities came to a resolution that it was desirable, if possible, to form such a board. The circumstances of Scotland were different from those of England, and the facilities for forming a conjoint board were not so great. Even in England two bodies were left out; and the Society of Apothecaries would continue to examine for its diploma, which would enable the holder to be entered upon the Register. England had had its difficulties, and had failed. In Scotland they had had difficulties; it could not, however, be said they had failed, but they had not succeeded as yet. (Much laughter.) He thought that was to their credit (renewed laughter), for they had been honestly and frankly endeavouring to form a real and complete conjoint board. It should be remembered that they had two Colleges of Surgeons; and the universities were in a very different state from those of England. The degrees of the English universities were pitched very high, and were only attainable by men who could go to a considerable expense; the consequence was that very few degrees were given in a year,—scarcely a drop in the bucket as compared with the Colleges of Physicians and Surgeons and the Society of Apothecaries. The University of London gave not more than thirty.

Dr. STORRAR.—Not quite so many.

Dr. QUAIN.—How many would they give if it were possible to pass the examination on easier terms?

Sir D. CORRIGAN rose to order, and said that there was no motion before the Council.

Sir W. GULL said he would move, "That this Council expresses its regret that no scheme has been framed and submitted by the medical authorities of Scotland for the establishment of a conjoint board of examination."

Dr. ALEX. WOOD said that Dr. Andrew Wood was answering a question, and ought to be allowed to continue.

The PRESIDENT ruled that it would be more in order to take Sir W. Gull's motion.

Sir WILLIAM GULL said it had been urged by Sir Robert Christison that a conjoint board would centralise and reduce education to a low standard in the different divisions of the kingdom. For his own part he believed that an opposite effect would be produced. There must, of course, be a certain supply of medical men for the country, and the standard whereby they were tested must be a somewhat low one; but it should be a real standard and a fixed one in the different divisions of the kingdom. If the Council could bring about the establishment of such a standard, the universities would be freed from mere technical details, and would be able to develop the higher branches of medical knowledge, and would become foci of medical scientific learning. It was a matter of regret that no scheme had been sent from Scotland. It was true they had failed in England, but only to a very limited extent. The University of London heartily supported the scheme, and would, he had no doubt, in a short time get rid of its legal difficulties. The Society of Apothecaries also, when the scheme was at work, would feel obliged to join it; otherwise they would be left alone, and the students would educate themselves, and take the pass examination. The result would then be as in organic nature; they had done their work, their period had passed, and, like the Wolffian bodies or the thymus gland, they would have to give way to a higher organisation. The conjoint board was not for medical learning, but for the medical necessities of the public. Medical learning would have to advance in quite another way. Fifteen years ago he had to ask the graduates of the University of London not to ask for a licence to practise; but he then stood alone. The University had nothing to do with pounds, shillings, and pence, or with the wants of the public, but with the instruction of the intellect. He did not wish his motion to be construed as implying any blame or censure upon the Scotch bodies; it was only an expression of regret. It was said by some of the Scotch professors that it would be impossible to attain anything like uniformity. In the colleges uniformity was not desired; but it would be quite possible for the Council to pass from one examining board to another, and secure something like uniformity in the pass examination.

Dr. QUAIN said that the question of the desirability of conjoint boards had been already decided by the Council, and he hoped it would not be reopened.

Dr. A. SMITH seconded the motion of Sir W. Gull.

Dr. ANDREW WOOD, continuing the speech in which he was interrupted, said that the groove in which the Scotch bodies were seeking to move was one that would in the end secure Sir W. Gull's approval. The English universities did not give more than forty or fifty medical degrees in a year. The Scotch universities gave a much larger number, and they conferred licences which were in competition with the licences of the colleges. If there were a conjoint board in Scotland, in which all the universities and all the corporations were to come together, the result would be, not to raise the level of university education, but to depress it to the minimum. The idea in Scotland was that the conjoint board should hold only a practical pass examination, and that the universities should be left to examine in all the subjects according to their respective charters, giving a licence to no one who had not passed the conjoint board. One difficulty with which they had to contend was that when delegates were sent to a conference the resolutions passed at the conference had to be discussed very fully by the fellows *in pleno foro*. Probably in the course of another year they might agree upon a scheme, but whether it would satisfy the Council was another question. It ought not to be laid upon the bed of Procrustes, and cut down to the exact proportions of the incomplete English scheme. The English conjoint examination was to be regulated by a Committee of Reference consisting solely of English members. If the same system were adopted in Scotland and Ireland, there would be local committees belonging to those countries; and what guarantee would there be then for a common standard? It would not do to tell the colleges and universities in Scotland that they must abandon their functions, and give up examining in surgery and medicine. That would be to lower their status, and injure the profession; and the Council should pause before taking a step which would have such an effect. The Scotch bodies would not cease to exert themselves, and they regretted, with Sir William Gull, that they had not succeeded in their efforts. His own idea of the scheme for Scotland was that a board should be formed by the co-operation of all the licensing bodies to examine candidates in medicine, surgery, and the ability to practise. The extent of the examination would be matter for subsequent consideration. The Committee of Reference should be constituted of members from all parts of the kingdom, and appointed in equal numbers by the universities and corporations, and the fee should not be more than sufficient to pay expenses. Thirty guineas would be too high for a poor country like Scotland.

Dr. HUMPHRY moved as an amendment—"That this Council, while regretting that no scheme for a conjoint examination has been framed in Scotland, yet having considered the resolutions of the several medical authorities in Scotland, sees reason to hope that in the course of a few months a scheme for a conjoint examining board in Scotland may be matured, to which this Council will be able to give its sanction; and urges the authorities to persevere in their efforts to effect the same." It was not, he said, a matter of surprise that Scotland had not moved more quickly, or that the arrangements made in England were not thought suitable for Scotland. After the letter which had been received from Sir R. Christison, and the memorial from Glasgow, it ought to be clearly understood that the object of the Council was to reduce the number of examinations, and ensure that every member who entered the profession had passed a satisfactory examination. The individuality and independence of the various medical authorities would be increased rather than weakened by the conjoint examination; they would be left free to carry out as they pleased their own examinations for honours, without being fettered by any considerations in reference to pass examinations. They should open the door to Ireland and Scotland, and urge them to produce a scheme that would satisfy the Council, in order that recourse might not be had to legislation. Self-government was one of the highest privileges they could possess, and he hoped they would not relinquish it, and fall into a State examination.

Dr. A. THOMSON, in seconding the amendment, said he thought it added to Sir William Gull's motion precisely what it required. He was extremely hopeful that before long the Scotch bodies would be able to come to an agreement as to a scheme that would be acceptable to the Council. There was no essential difference among them upon those points that might lead to such a scheme. The principle of a conjoint board was one to which he adhered, and to which he thought the Council was committed. It was not supposed that any scheme for Scotland would be acceptable to the Council if it omitted one or more bodies from it. If such had been the view, no doubt some scheme would have been sent in, but it never presented itself to their minds. Besides, there were special difficulties in the way. The Senate had no power to alter regulations as to medical degrees; the University Court had to take cognisance of them, and even then the assent of the Privy Council, he thought, would be required before an alteration could take place. He (Dr. Thomson) differed from a number of his colleagues in the University on the subject, but he was permitted to express the opinions he entertained, and act as he thought best in the interest of the profession, of the corporate bodies, and of the country.

Dr. ALEX. WOOD could not vote either for the motion or the amendment. A hope had been expressed that no discussion would take place as to the propriety of a conjoint board; but for himself he had never concurred in it as a wise scheme, either for the Council or the student. When in 1870 Dr. Parkes brought forward a motion on the subject, he said in his speech that a strong hope was entertained that, in the event of such a plan being carried out, a much smaller number of students would go to Scotland for their degree, and a much larger number to England. (Laughter.) That confirmed some of his suspicions, and he divided the Council on the subject. It would be seen that not one of the Scotch bodies cordially assented to the proposal. The University of Edinburgh distinctly said that it was only from a wish to yield obedience to the Council that it considered the question at all; and the other bodies seemed to have much the same feeling. After a conference had taken place, and a scheme had been agreed upon, Dr. Andrew Wood and Dr. Fleming were outvoted in their own bodies, which refused their sanction to the scheme. There was a sore feeling in Scotland on the subject; and it was considered that if the Council had done its duty in supervising the examinations, instead of carrying it out in a half-hearted way, no such scheme would have been necessary. A very great doubt existed as to whether a conjoint board was after all so desirable a thing. Since the Privy Council had taken in hand the subject of general education, and had prescribed certain uniform methods ofinstruction and examination, individuality had been destroyed and education had declined in Scotland; and it was feared that a similar result might take place under the process now attempted by the Medical Council. What was required was a more thorough attention to preliminary education, the want of which was greatly felt throughout the country. It was doubtless a matter of regret that there should be such an immense amount of degree-conferring power in Scotland, and that the University of Edinburgh had descended from its high position and competed with the colleges in regard to the granting of licences to practise. England and Scotland were in different positions. In England the universities gave honorary degrees. In Scotland they had to meet the universities as rivals, as men who were striving to get rich by degrees. (Much laughter.) This was a great evil with which they had to contend. Then there was an idea prevailing that the licensing bodies were endeavouring to undersell each other—not in money but in the character of their examinations. He did not believe it; on the contrary, he thought there was a sort of *esprit de corps* among the bodies to pitch their examinations tolerably high. He thought there should be some plan by which the admission into the profession should be kept entirely distinct from admission into a university or a corporation. That would be one great step taken in the way of medical reform. He hoped that no such scheme would be adopted in this country as prevailed in some foreign countries where a licence to practise was given altogether apart from the existing medical corporations. Those who had the real independence and progress of the profession at heart would resist any proposal to bring it under the heel of any Government whatever. (Hear, hear.) The right thing would be for the various bodies having at present an authority to license for practice to form a board which should restrict itself exclusively to such an examination as would determine that the candidate possessed the minimum amount of knowledge to qualify him to deal with the lives and the health of Her Majesty's subjects, and there the matter should end. It was objected that that would be adding another examination to the many already in existence, but he did not see how that could be helped. For himself he had no great faith in examinations: no doubt it was heretical to say so in these days, but if there was to be an examination for entrance into the profession the mode here indicated appeared to him to be the only one that could be properly applied. The next point was that they must abandon, as far as he perceived, the government of the profession through the existing corporations. If that were done it would be giving to some of the peripatetic bodies meeting in different parts of the country a power greater than they already had.

The PRESIDENT interposed and said that Dr. Alex. Wood was going beyond the scope of the discussion.

Dr. ALEX. WOOD said he was proposing to show that if certain propositions were carried into effect the government of the profession would be transferred from the present corporations into other hands. He was strongly opposed to any scheme that would mix up the examinations into a sort of hotch-potch and prevent the individual examinations of each licensing board. These were the views entertained by himself and his colleagues, and they were much higher views than any that had been embodied in the imperfect scheme submitted by the English representatives. There was really little reason to regret that the Scotch authorities had taken time to ponder the subject, but he believed that before many months were over they would be in a condition to submit a much more perfect scheme to the Council.

Dr. QUAIN: I assure my friend who has just spoken that he has not the least idea of the nature of the English scheme (laughter)—not the slightest conception of it—not the least in the world. (Renewed laughter.) The difficulties of Scotland would be met by adopting the English scheme, the first principle of which is to secure confidence in everyone who is registered: there is no uniformity, but competency is secured. In the second place it reduces the entrance to the profession to one examination: it does not interfere with the proceedings of other bodies, but leaves them to do as they please.

Dr. PARKES said that after the expressions that had fallen from Dr. Alexander Wood, the hopes entertained by the mover of the amendment must be rather rudely shaken. Those expressions had convinced him (Dr. Parkes) that they were as far from a conjoint board in Scotland as they were from a conjoint board in Ireland. [Sir D. CORRIGAN: And

in England.] The statements of the Scotch bodies showed how little progress had been made in that direction, and even the best of those statements shadowed out a very imperfect scheme. The plan sent in from Aberdeen was by far the best, but it fell far below the wishes of the Council; and the others merely desired a clinical examination to be carried on after the candidates had received the diplomas of the licensing bodies [Dr. ANDREW WOOD: Not *received* them]—after they had *gained* them. Considering the statements of the Scotch bodies, and the letter received from Sir R. Christison, no one could doubt that the most formidable obstacles existed to the formation of a conjoint board for Scotland. The position of the Council was one of great difficulty. It must be prepared to take some decisive step, and it should indicate the course it was prepared to adopt if a conjoint board were not formed. It was no use merely to express regret, together with a hope which in reality they could not feel. The different bodies had been given three years to consider the matter, and what had they done? They were not nearer the mark now than they were this time last year; a tolerable substitute had been adopted in England, but nothing had been done in Scotland and Ireland. Their only course was to apply for legislation, and he hoped that that course would be adopted. The expressions of the Council's opinion should be backed up by a distinct intimation that, if a conjoint scheme were not carried out in Scotland and Ireland, the assistance of the Legislature must be sought in the matter. This was not intended as a threat, but only as a fair intimation of the course to be adopted. Sir R. Christison's letter did not touch the real facts of the case. He did not appear thoroughly to realise the fact that incompetent men were slipping into the profession, owing to the negligence of the various licensing bodies. If every examination were as good as that of the University of Edinburgh or Aberdeen, or the Queen's University in Ireland, there would be no wish to disturb any of them. There was no desire for a mere theoretical change, but only for a scheme that would ensure the admission of none but competent men.

Dr. STORRAR said he was greatly surprised at the speech of Dr. Alex. Wood, who at the meeting of last July seconded an amendment to the effect that a meeting of the Council be held early in 1872, to receive the proposals for conjoint examinations, and to consider whether any, and what, steps should be taken to carry out the resolution of the Council in favour of such combinations. The inconsistency of his position was certainly very startling. He agreed with Dr. Alex. Wood that there was too much degree-conferring power, and that was the key to the difficulty in Scotland. No one would deny that the English degrees were conferred with a sparing hand; they were regarded as honorary distinctions, and did not represent the mere rank and file of practitioners. In Scotland the case was otherwise. Dr. Andrew Wood appeared to think it a merit that so many degrees were conferred in so small a kingdom.

Dr. ANDREW WOOD.—I did not say so; I look upon it as a blot.

Dr. STORRAR.—The system they carried on was like a Dutch auction, among themselves. (Laughter.)

The PRESIDENT.—We are now getting beyond the question.

Dr. A. THOMSON.—I object to the statement.—I believe there is no truth whatever in it—that the University of Glasgow is striving to make money by degrees. I object to those remarks.

Dr. MACROBIN.—So do I.

The PRESIDENT.—I must object, because it does not properly bear upon the question.

Dr. ALEX. WOOD.—I rise to a point of order. A gentleman has said at this table that there is no truth whatever in the statement that I have made. Do you, Sir, allow the expression to pass?

Dr. A. THOMSON.—I deny it. I say they are not; but I am ready to substitute other words.

Sir D. CORRIGAN.—Dr. Allen Thomson said there was no truth whatever in the statement made by Dr. Alex. Wood.

Dr. A. THOMSON.—I said there was no truth in the statement that the Scotch universities were striving to make money by degrees, and I adhere to that. But I am ready to substitute the words, I deny that the Scotch universities are doing so.

The PRESIDENT.—I think perhaps the expression of Dr. Alex. Wood was going a little beyond what is desirable.

Dr. ALEX. WOOD.—I never said they were rich. I said they were striving to get rich by degrees. When the case of the Edinburgh University was before the Privy Council, the great argument was that they could not afford not to be licensing bodies, because their money interests would suffer; and it was having regard to that fact and that argument that he used the expression that they were striving or endeavouring to get rich by degrees. Under those circumstances he could scarcely be expected to withdraw the expression. But if the President considered there was anything unbecoming the character of the Council in the expression, he was ready, at his request, to withdraw it, not otherwise. But in all debates conducted by gentlemen at which he had been present, he had never heard such an expression as that used by Dr. Allen Thomson.

Dr. A. THOMSON.—I thought I had already withdrawn the expression so far as this: I simply wish to deny that the universities are doing what Dr. Alex. Wood represented.

The PRESIDENT.—I think after these statements there need be no further interruption.

Dr. STORRAR said that Dr. Alex. Wood had spoken in strong terms upon the indisposition of the Council to promote preliminary education; but he would ask, had Scotland been conspicuous in its demand for preliminary education? In England it was admitted that it was deficient, but every effort was made to raise it. In the College of Surgeons last year 50 per cent. of the candidates represented themselves as rejected on the preliminary examination. He denied that the visitation of examinations was conducted in a half-hearted way. He (Dr. Storrar) had acted as a colleague of Dr. Sharpey in Newcastle, and of Mr. Cæsar Hawkins in London, and he could assure the Council that on both those occasions they entered upon their work in a whole-hearted manner. The English scheme did not propose to interfere with the higher qualifications of the universities and colleges, who would be able to give the greatest possible breadth to their studies and the greatest amount of development to medical science. All that was sought was to secure competency in the rank and file of the profession, and that that competency should be tested with some degree of uniformity. The practice at present adopted by the corporations of Scotland was really opposed to the principle for which Dr. Alex. Wood had argued. If any scheme came from Scotland which proposed a simple combination for clinical examination, and not an examination from the commencement for entrance into the profession, it would not receive his (Dr. Storrar's) assent.

Dr. ANDREW WOOD.—Then you will never get what you require.

Dr. STORRAR.—It is as well to know the truth. My desire is that there should be no mistake. It has been admitted by members of the Council and in private conversation that the difficulty in Scotland is the money question.

Dr. ANDREW WOOD.—No, no.

Dr. STORRAR.—I am glad to hear it repudiated; all I can say is that I have heard it stated. As to Scotland being a poor country, it is the greatest farce imaginable. There is no richer district in this kingdom than the lowlands of Scotland.

Dr. ANDREW WOOD.—Look at the students of Scotland.

Dr. STORRAR.—That is simply because you do not offer temptations for a higher class of men to go into the profession. Again I say I utterly repudiate the idea of a conjoint scheme such as that proposed by some of the bodies in Scotland—namely, a mere union for the purpose of clinical examination.

Dr. FLEMING said that, however desirous the representatives of the Scotch corporations and universities might be to act loyally to the Council and carry out its wishes, there was no denying the fact that there was no cordial desire in Scotland for any great change in the direction of a conjoint board. Their opinion was that medical education in Scotland was well conducted, and that the examinations were perfectly sufficient to test the qualifications of the candidates. They thought that a great deal too much had been made of the incompetency of men admitted into the profession. If the Council thought that a competition downwards existed among the corporations, it was their duty long ago to have supervised the examinations; and he thought the Council should lose no time in securing an efficient visitation all over the country. If there was no desire

generally among the profession for the proposed change, that reluctance would rather be strengthened by what had taken place in the Council. He agreed with what had been said with regard to the universities departing from their high function and becoming licensing bodies; but they had the power, and would not readily give it up. All that was required for the security of the public, in the opinion of the Scotch boards, was that men should understand the practical parts of the profession, and there was, therefore, no reason to deprive the medical corporations of the function of examining in preliminary subjects. The expense of the conjoint scheme would be greater than was supposed, and that was one reason why the Scotch boards desired to limit it to the broad subject of medicine and surgery without entering upon the fundamental sciences. He regretted to think that what had occurred at the Council during the present sitting would not facilitate the formation of a conjoint board for Scotland.

Dr. MACROBIN was sorry to differ so much from the views of Sir Robert Christison and his colleagues. The University of Aberdeen went cordially into the question, and he and his colleagues were at one in favour of an examination almost identical with that proposed in the English scheme. If the other bodies could be brought to join in that scheme he thought it would be satisfactory to the Council. The only difficulty was the University of Edinburgh; but that body, perhaps, might be brought to see the propriety of the scheme rather than be forced to it by legislation. It was not true that degrees were granted in Scotland upon a low standard; they always maintained that a degree should stand upon a higher footing than a mere licence to practise.

Sir D. CORRIGAN said he had listened with great attention to the debate with a desire to do what was right, and the conclusion to which he had arrived was that he could neither vote for the amendment nor for the resolution. The amendment expressed a hope that a conjoint scheme would be carried out in Scotland. Now what reasons were there for entertaining such a hope? Dr. Alex. Wood had stated that not one Scotch licensing body had given in its adhesion to the proposed scheme.

Dr. ANDREW WOOD.—That is not the case.

Sir D. CORRIGAN.—He stated that.

Dr. ANDREW WOOD.—He may have stated it, but it is not the fact.

Dr. ALEX. WOOD.—I think I used the word "cordially."

Sir D. CORRIGAN.—If a man does not cordially join in anything, he is not likely to carry it through. Of the five Scottish representatives we have three decidedly objecting to the scheme.

Dr. ANDREW WOOD.—Who are the three?

Sir D. CORRIGAN.—Dr. Alex. Wood is one, I think, and Dr. Macrobin another.

Dr. MACROBIN.—Oh, dear no. (Laughter.)

Sir D. CORRIGAN.—Dr. Fleming.

The PRESIDENT.—Dr. Fleming said that unfortunately the members of the Council who were in favour of the scheme could not persuade their brethren in Scotland to be of the same opinion.

Sir D. CORRIGAN.—Then it is plain we have all Scotland against it. With those facts before us can any man entertain a hope that Scotland will carry out this conjoint scheme? I have heard a great deal of the wonderful attention that has been paid by Scotland to preliminary education as compared with England and Ireland. I remember proposing, ten years ago, a resolution that within two years all the students should be examined in a little elementary Greek, so that they might know why the gardens they visit in Regent's-park are called the Zoological Gardens, and why one animal was called a rhinoceros and another an apterix. Dr. Alex. Wood then said that two years would be too soon to ask any young men going into the profession to learn that. Let us have done then with preliminary education and the love of it on the part of Scotland. Dr. Humphry and Dr. Parkes have been very patronising to Ireland; I will tell them both plainly we do not want their patronage. They said: "We will open the door to the Irish and the Scotch." Have you opened the door in England? Is the conjoint scheme a complete one? Dr. Parkes insists, and he takes credit for being very chivalrous, upon "decisive steps." He has tried his hand at the same thing before. As long ago as 1870 he proposed a resolution that the Executive Committee should urge upon the Privy Council the necessity for refusing registration to graduates of the Queen's University of Ireland until the University complied with the recommendation of the General Medical Council. Did Dr. Parkes ever advance? The Queen's University quietly folded its hands, and said, in the words of Shakspeare, "Come on!" Did he ever come on? No. Now he wants to get us into a similar scrape, and he says, "Take decisive steps. These bodies refuse, take some decisive step, and let it be like what I took against the Queen's University." (Laughter.) There is an old army story that Dr. Parkes knows as well as I do. A soldier in war cried out to his captain: "Captain, I have got a prisoner!" "Bring him with you," said the captain. "I can't," said the soldier. "Then come away." "He won't let me." (Much laughter.) The truth is we have no resource but legislation, and we never can take a single step without it.

The PRESIDENT, alluding to the remark of Dr. Storrar as to the kind of conjoint examination he should require from Scotland, said it ought to be understood he was only expressing his own individual opinion, and not binding the English members generally.

The amendment was then put to the vote, and the numbers were—for, 10; against, 11. It was consequently lost.

The original motion was then put, and carried by a majority of 16 against 1.

The Council then adjourned.

MONDAY, MARCH 4TH.

The sitting was mainly occupied by the discussion on a motion by Dr. Parkes, "That in case the medical authorities in Scotland have not succeeded in forming a proper scheme for the formation of a conjoint board for Scotland by the 1st of January, 1873, the Council will endeavour to obtain a legislative enactment under which a conjoint board for Scotland may be constituted." To which an amendment was moved by Sir W. Gull, "That a notice of the last resolution of March 2nd, 1872, be sent to the medical authorities of Scotland, together with a statement that the Council still urges upon them the desirability of a conjoint examination, and expresses the hope that a scheme for such an examination as the Council can sanction may be submitted to the Council by Jan. 1st, 1873."

The amendment was carried, but the date was subsequently altered from Jan. 1st, 1873, to July 1st, 1872.

A similar resolution was then passed, after a short debate, with reference to the medical authorities in Ireland.

Dr. Acland then brought forward a motion for the appointment of a committee to consider and report whether the Council had power to make rules for the special education of women, such as might entitle them to obtain a qualification to be certified by the Council; also to report for what purpose such qualifications should be granted; what are the most desirable means for educating, examining, and certifying in respect of them, with especial reference to midwifery, the management of medical institutions, dispensing, and nursing. The discussion on the motion had not concluded when the Council adjourned.

TUESDAY, MARCH 5TH.

The discussion on Dr. Acland's motion was resumed. The appointment of the proposed committee was strongly opposed by several members of the Council, but on a division the motion was carried by a majority of 1.

Some further discussion then took place on the question of a conjoint board, in the course of which a strong hope was expressed by Mr. Bradford, the representative of the Society of Apothecaries, that means would be found to enable the Society to join in the scheme for England.

Several reports of committees were then adopted, and after the transaction of some formal business, the session terminated.

THE Glasgow Ophthalmic Institution having recently fallen short of funds, an appeal was made to the public, when, in a few weeks, between £3000 and £4000 was subscribed. The directors, however, still require assistance in order to enable them to purchase larger and more commodious premises.

THE LANCET.

LONDON: SATURDAY, MARCH 9, 1872.

THE more sanguine members of the medical profession may expect, on opening their LANCET to-day, to find three cut and dried schemes for the formation of a Conjoint Examining Board in each division of the United Kingdom. For years this subject has been before the Council, and even before the Legislature. The respite which has been afforded to the examining bodies by the temporary failure of attempts at medical legislation created a favourable opportunity for these bodies to agree among themselves as to voluntary combinations for the purpose of complete and satisfactory examinations. And it was obviously the wish and interest of these bodies to avert further legislative interference. There was a universal feeling, in the profession and out of it, against the continuance of nineteen separate examining bodies, granting only one-sided qualifications, and under temptations—however nobly resisted in some cases—to compete with each other even in the gift of these. Moreover, by a special resolution of the Council at its meeting in July last, a letter was addressed to each licensing body urging the formation of these boards without delay, and that arrangements to this end should be announced to the President of the Council before the close of 1871. Under all these circumstances the more hopeful members of the profession might naturally expect that the late meeting of the Council would have little else to do than give its necessary sanction to three conjoint schemes. As it is, only one conjoint scheme has been submitted for the sanction of the Council—the one for England, with the general particulars of which our readers were made acquainted some time since. In the other divisions of the kingdom, Scotland and Ireland, these schemes are still *in nubibus*; and it requires faith, hope, and charity to believe that they will ever be elsewhere.

The General Medical Council sat five days. The bulk of its time was taken up, not in examining schemes, but in hearing excuses from the sister divisions of the kingdom for the non-production of schemes. On the second day of its sitting, and without much discussion, it passed a resolution approving and sanctioning the Conjoint Scheme of Examination submitted by the Royal College of Physicians of London and the Royal College of Surgeons of England, to which the Universities of Oxford, Cambridge, and Durham have given their adhesion; and expressing its desire that means may be found by which the University of London and the Apothecaries' Society may be enabled to join in the scheme. We elsewhere allude to the question of the exclusion of the Apothecaries. The London University is hindered by a legal difficulty in regard to altering its regulations—a kind of difficulty which may possibly be found yet to apply to other bodies besides the London University. The English scheme is undoubtedly in these respects imperfect; and unless all the examining bodies of the country will forego, in the same way as the bodies included in it, the right of individually giving diplomas entitling to registration, we shall be little nearer a remedy of the great evils of numerous and competing examining bodies. Moreover, there are grave objections, in our view, to other features of this scheme—such as the creation of a new body, a Committee of Reference, with great powers, and the high fee to be paid by all who pass the examinations, though the fee does involve the right to a diploma from the College of Physicians and that of Surgeons. Nevertheless, we cheerfully recognise great merits in this scheme. It implies considerable public spirit in the corporations which are the principal parties to it, as well as in the universities. Moreover, and this is a high merit, its details imply enormous trouble, for which somebody should have great credit, both in the College of Physicians and the College of Surgeons. And if we might express our own opinion more personally in this matter, we should ascribe much praise to Dr. PITMAN and Dr. RISDON BENNETT in the College of Physicians, and to Dr. HUMPHRY of Cambridge in the College of Surgeons.

It took much shorter time, as we have said, to discuss and accept the English scheme than to discuss the want of success in trying to frame schemes for Scotland and Ireland. A good part of two afternoons was occupied in hearing the members for Scotland explaining all the special difficulties which the Scotch bodies have to contend with. Dr. PARKES, one of the kindliest and most earnest of critics, was so disheartened at the poor results obtained in Scotland, and so hopeless of getting better ones, that he proposed a resolution that, in case the medical authorities in Scotland should not agree upon a scheme before January, 1873, the Council should endeavour to obtain a legislative enactment under which a conjoint board for Scotland might be constituted. This proposal brought up Dr. ANDREW WOOD in a defiant and thistly style, declaring that Scotland might be argued into a scheme, but would not be "dragooned" into one by such threats as that implied in the motion of Dr. PARKES. This ire of Dr. WOOD's was the less reasonable in him, as he had previously said that he had come to the conviction that a conjoint scheme would never be obtained for Scotland without the assistance of the Legislature. To the outside public Dr. PARKES's resolution will appear reasonable and dignified. But the Council did not accept it, and ended the discussion of the Scotch case by a very mild expression of mingled regret and hope couched in Sir WILLIAM GULL's most conciliatory style. This had a soothing effect on the Scotch members, who assented to a motion expressing a hope that by July 1st, 1872, such a scheme for Scotland as the Council could sanction would be forthcoming. The Scotch corporations do not seem so unwilling in this matter as the universities; but all alike, except the University of Aberdeen, appear disposed to limit the work of any conjoint board to an examination in Clinical Medicine and Surgery. Considering how largely Scotland shares in the work of educating and examining practitioners for England, and how much the Scotch members enjoin loyalty to the Council, it is somewhat unreasonable in them to hinder this great public object.

The Irish bodies showed to greater advantage than the

Scotch. Dr. STOKES made a very able and effective speech in exposition of a scheme that had been agreed upon by the delegates of the Irish bodies in conference, though two of the bodies, the Queen's University and the College of Physicians, ultimately withheld their assent. Two features of this scheme are worthy of notice. First, the suggestion that all persons intending to study medicine be examined in Arts, and that the appointment of Examiners in Arts be entrusted to the two Irish universities. Secondly, that the subjects for examination by the Conjoint Board should include the whole range of medicine and the fundamental sciences, and not merely clinical subjects, as in the scheme sketched for Scotland.

The delay of the Irish and Scotch bodies has the effect of keeping this whole matter in suspense, and of necessitating another meeting of the Council this year, and probably the expenditure of four or five hundred pounds more of the Council's money. We can only close by expressing our deep regret at the multiplication of meetings for purposes which never seem to come near realisation.

Two large and most important Bills relating to the Public Health are now before Parliament. That of Sir CHARLES ADDERLEY is an embodiment of the recomendations of the Royal Sanitary Commission. It is one of those comprehensive measures which a British Parliament most cordially detests. It contains no less than 437 clauses; and we can pay it no higher compliment than by stating that it contains a fund of legislation upon which Mr. STANSFELD has very largely drawn.

A careful perusal of the measure of the Government leaves us in doubt whether Parliament will be asked to pass a really substantial instalment of sanitary reform. So far as we are enabled to form an opinion, the Bill has been drawn with some care as to mechanism. The earlier clauses are devoted to the constitution of urban and rural sanitary authorities: giving to the former all the powers, rights, duties, capacities, liabilities, and obligations which relate to sewers, nuisances, lodging-houses, baths, and washhouses; diseases prevention; the regulation of dwellings, bakehouses, slaughterhouses, &c.; the supply of water; the adulteration of food; the pollution of streams; the supply of gas, &c.;—and to the latter the same powers, only subject to the approval of the Local Government Board: that is to say, the health of the inhabitants of country districts is apparently held to be of equal importance with that of urban inhabitants, only with the approval of the same Board! The appointment of a medical officer of health is made compulsory; and the Local Government Board is to have the same powers with regard to the appointment, qualification, duties, salary, and tenure of office in rural districts as in the case of a district medical officer of a union. We can only hope that the powers in question will be more firmly administered than they have been in the latter case. Powers are taken by the Local Government Board for the establishment of port sanitary districts; and it is satisfactory to observe that the port of London is included by a special paragraph. But no proper powers are taken for the union of authorities after the same manner as that which has been effected by the Tyne authorities under existing laws. It would seem, indeed, as though the default of duty on the part of the authorities of the port of London had frightened the Local Government Board. Powers are also taken for the consolidation, dissolution, alteration, and union of districts; and in the last case the union may be confined to certain duties—as, for example, drainage, water and gas supply, or any special sanitary object. It will thus be quite possible for many districts to unite for the purpose of securing competent surveyors and medical officers of health. The Bill then proceeds to deal with nuisances, and, with certain limitations, the pollution of streams—the discharge of sewage into them being made punishable by fine,—smoke nuisances, house-drainage, &c.

Some of the suggestions, which we shall notice in detail, are excellent. We are astonished to find them, however, in their present position in the face of the statement made by Mr. STANSFELD in Parliament that subject to this Bill dealing with the organisation of sanitary authorities, the further steps of the Government would be to seek amendment of the existing Bills previous to consolidation of the law. The effect of pitchforking the question of these nuisances into the Bill will be to give the public another troublesome and contradictory measure, to add to the existing muddle of sanitary law, and without proportionate advantage to the community.

With regard to the appointment of public analysts, the position given to the Local Government Board by the Bill is preposterous. The whole tendency of recent legislation has been to develop local action in sanitary matters. The present Bill continues such action with the remarkable exception that it proposes to make the Central Board, amongst other things, a body of analysts in respect of food and water. It virtually places the whole public analytical work of the country in the hands of the Local Government Board and a few experts.

We now come to one of the most important provisions of all; for unless the Central Board have power to compel the local authority to act, one chief difficulty will have been left untouched. Mr. STANSFELD proposes that the report of one of the inspectors shall be deemed a sufficient evidence of default on the part of the local authority. Notice of default will then be given; and, unless the local authority remedy such default, the Local Government Board may supersede it by appointing persons residing in the district who are willing to undertake the duty for adequate remuneration, and to invest them with all the powers of the local sanitary authority; or they may dissolve the district and merge the same in the neighbouring parish or district. But will the Local Government Board see that these things are done?

Our chief objection to the Bill remains to be stated. In the absence of any special provision for skilled sanitary inspection by the central authority, the whole Bill is a delusion and a snare.

Mr. CARDWELL'S speech on the Army Estimates was looked forward to with unusual interest by the public and by all branches of the military service. It was confidently expected, among other things, that the intentions of the Government regarding the medical service would have been

revealed; and we may probably expect a declaration of the scheme of reorganisation of that department, which Mr. CARDWELL is generally credited with having in his pocket, in connexion with Vote 4. Meanwhile the general scheme seems to have met with favour, and deservedly so. Mr. CARDWELL is considered to have recovered any loss of character that he may have sustained as a statesman during the last session. The novelty of his proposals consists mainly in their application to the British army. The principle of localisation, which is the very backbone of the scheme, is one that has been adopted in Germany, with results that are patent to the whole world, and it has been advocated by the general press of this country. Still Mr. CARDWELL must be credited with having displayed both ability and courage by the way in which he has grasped all the best and most practicable points in the various schemes of army reform that have been propounded. The mapping out of the country into so many military territories, each complete in itself, with its localised forces and depôts of war *matériel*, and the more intimate connexion of the different forces—the Regulars, Militia, and Volunteers—for the purpose of training and recruiting, are admirable points. It forms a kind of decentralisation which promises to prove most effective and practical in its working. The districts in Great Britain and Ireland are sixty-six in number; and of these, twenty-six will be new stations. Doctors and sanitarians will at once perceive that this scheme must involve a considerable outlay of money to provide the requisite additional accommodation for the localisation of the troops in their respective districts. Now that the transfer of power from the lords-lieutenant of counties to the responsible Minister of the Crown has been made, Mr. CARDWELL has an excellent opportunity for conferring the Militia medical appointments on army surgeons, and for devising some plan for the appropriation of medical officers to given military districts for the discharge of the professional, sanitary, and other duties required of them. There are to be two battalions of the regulars for every district, one of which, like the pigs in the nursery story, as *Punch* remarks, is to go to market, and the other to stay at home; in other words, one is to be abroad while the other remains and acts as its feeder and home depôt. It is hoped that we may increase the popularity of the army by the system of short service and localisation; and we believe the popularity and efficiency of the Army Medical Service might also be increased by introducing into it a system of short service so as to permit young medical men to pass five or ten years with a battalion abroad before passing into the Reserve of the district in connexion with their homes. This method of localisation will, at any rate, open the way to a reformer for providing various posts for utilising the services of trained medical officers, so as to relieve the existing stagnation in the department; and it will at the same time afford members of the department an opportunity for remaining in one locality for something like definite periods of their home service.

One of our military contemporaries confidently announced that many of those great alterations in the Army Medical Department to which we have so often alluded were imminent, and that the opportunity would be taken of the transfer of the regimental assistant-surgeons to the staff to weed the department of its least efficient members. The possible weeds strongly object, of course, to be uprooted for the purpose of making official places pleasant to more fortunate plants of a sturdier growth. The "eighty-six from the lowest grade" need not, however, be alarmed. They will, we suspect, still be numbered among the members of the department at the end of "the next six months," during which they are threatened with being weeded out.

The reorganisation which Mr. CARDWELL has introduced into the army will, everybody feels, necessitate a parallel change in its medical branch. We do not pretend to know what his intentions really are, but we confidently expect that the readers of this journal will not be altogether taken by surprise when they are announced. The present as well as previous Governments have been utterly opposed to any increase of expenditure. It has been and still is contended that, if all the medical officers formed one single department, they could be handled for service with the same facilities as the officers of other corps; and no other corps is divided like the medical into distinct sections for performing duties of precisely the same nature. In the last war with China, Dr. MUIR anticipated the inconveniences of the double system by obtaining special authority for distributing the medical officers as he thought fit; and in the American and the late Franco-Prussian wars no such double system as that of our regimental and staff systems obtained. We need not, indeed, seek for foreign examples; for the old Ordnance Medical Service, which was popular enough in its day, was organised on the principle which Mr. CARDWELL will, we believe, adopt. It is, in fine, asserted that a system under which medical officers would form one general corps of surgeons to the forces will prove advantageous to the State by being more economical, more easy of administration, and, departmentally, more efficient. By making the change of system prospective only, all sources of complaint on the part of the present incumbents of regimental appointments will, it is hoped, be obviated. We understand that it is intended to obliterate the title of "assistant-surgeon," and to substitute those of "surgeon-general" and "deputy surgeon-general" for the inspectorial grades. Now that the five-year principle rules so extensively in the combatant ranks, we can see no reason why it should not be applied to the inspectorial grades of the medical service.

The army political atmosphere is evidently in a very disturbed state. Rumours of all kinds abound; and among them there is one to the effect that the Indian and British Medical Services will both undergo reorganisation during the present session of Parliament. There is now the anomaly of two armies in India possessing two perfectly separate services and systems of medical administration, although the military government and administration are centralised in one authority. There is, moreover, a collateral branch of the Indian Medical Department which is not military, but civil, as far as its duties are concerned. No fusion of the two services can take place so long as one portion of the amalgamated service is military and the other civil; but if once a divorce were agreed upon, we believe that a single medical administration would be

perfectly practicable for all military work. Finally, one thing is certain: if Mr. CARDWELL hopes that by simply doing away with the prefix "assistant" he will render the large body of assistant-surgeons satisfied, he will only reap disappointment. Let the title of the lowest grade be what it may, medical officers will never be contented to remain in it for an indefinitely long period.

ATTENTION is again directed by Dr. J. NEUMANN, in the *Wiener Medizinische Presse*, to the remarkable form of cutaneous disease to which the term "scleroderma or sclerema adultorum" has been applied. Though individual cases were recorded by older writers, no special essay upon it appears to have preceded that by M. THIRIAL in 1845, who published in the *Gazette Médicale* an account of all the cases he had been able to collect, and applied the term "sclerema" to the affection. Since then no less than fifty cases have been reported; and M. NEUMANN himself adds three more to the list. In most of the cases the skin becomes gradually harder and more tense, though in some instances, and especially when the attack is acute, there is a preliminary stage of œdema. HEBRA and RASMUSSEN distinguish two forms of the disease—"Sclerema elevatum" and "S. atrophicum," of which the former is the acute and the latter the chronic type. The disease has been preceded sometimes by rheumatism, sometimes by recurrent attacks of erysipelas, and occasionally it has appeared to originate in injury; but little is really known of its etiology. The symptoms are very variable; but there is always the disagreeable sensation of tension, impeding movement to a greater or less extent. Thus, if the sclerema affects the neck, the rotation and flexion of the head are interfered with. In sclerema of the face, the facial expression is lost, the natural lines and furrows are smoothed out, and the play of the features is lost; the eyelids droop; the alæ nasi are stretched, and the nose is flattened; the oral opening is contracted, and the movements of the lips rendered difficult. With regard to other parts of the body, the abdominal wall is made tense; the scrotum and penis so tense that no erection can occur; the elbows are bent; the fingers half extended and claw-like; the spinal column is bent forward; and the respiration even impeded. In one of Dr. NEUMANN'S cases violent itching was complained of; and in this case the temperature was considerably elevated, though it is usually depressed. The secretion of the sebaceous follicles does not wholly fail, since pustules of acne have been observed to form. In some instances the secretion of sweat seems to be entirely arrested; but not in others. The disease has been observed to be associated with erythema, erysipelas proceeding to vesication, impetigo, ecthyma, eczema, partial teleangiectasis, ulcerations, and acne. It is more common in females than in males; and the majority of cases have occurred between the ages of twenty-five and forty, though one case is recorded in a patient aged six, and in another aged seventy-two. The pathological conditions of the skin that have been discovered under the microscope are hypertrophy and condensation of the subcutaneous cellular tissue, with coincident atrophy of the adipose tissue, deposit of pigment in the rete Malpighii, around the vessels, in the cellular investment of the several ducts, in the outer root-sheaths of the hair, and in the sebaceous follicles. The pigmentation, however, appears to bear no relation to the intensity of the disease, the densest parts being often the lightest coloured. In one of Dr. NEUMANN'S patients the epidermis was found to be unaltered, the cells of the rete Malpighii were increased in number, and formed wart-like processes, dipping into the cutis, not pigmented. The fibres of the cutis formed large and strong bands that preserved the characters of connective tissue, and were intermingled with thick trabeculæ of elastic tissue. Collections of cells occurred in the deeper parts of the corium, and in the panniculus adiposus, the fat of which was much atrophied. The sweat-glands were individually much hypertrophied; and the smooth muscular fasciculi were also much increased in size. The vessels running in the cutis were large and filled with blood; but the branches running towards the papillæ were small and empty. The hairs were small and woolly; but the sebaceous follicles were large. No treatment has been hitherto suggested that possesses any value in curing, or even in staying the progress of the disease.

Medical Annotations.

"Ne quid nimis."

THE PROFESSION AND THE COURT.

As the Lord Mayor and the Sheriffs have been so liberally rewarded for their recent perilous equestrian performances, we may venture to point a moral in connexion with the National Thanksgiving for the recent recovery of the Prince of Wales, and the comparative value put upon medical services in relation to it. Whilst yielding to none in loyal affection for the Royal Personages who swept past us on the 27th of February on their way to St. Paul's, we could not help feeling that in all human probability but for the efforts of the distinguished members of the medical profession who were *not* taking part in the pageant, the streets would have borne a very different aspect, and the Prince's physicians would have occupied a very prominent position, had a Royal procession passed under graver circumstances. But such selfish considerations instantly disappeared before the joyous feelings of the day. Yet when the best skill and devotion for weeks together of one of our most popular physicians is acknowledged by a baronetcy, and the same red hand is conferred, almost as a matter of course, upon a worthy citizen who chances to fill the civic chair when, thanks to the two medical baronets, the Heir to the Crown is enabled to visit the metropolitan cathedral, the case is altered, and peculiar sentiments fill our mind. The rewards for destroying human life have always been greater than those for saving it, but it happens that the last peerage conferred upon a warrior was not for killing King Theodore (who himself saved his captors the trouble), but for saving the lives of a few captives who had got into prison by their own indiscretion. If Lord Napier deserved his peerage and a pension for his successor, surely the K.C.B. conferred on Sir William Jenner is an almost microscopic honour in comparison.

Of the learned professions, the legal alone absorbs the honours of the peerage, and for no special reason save that it is necessary to have a chairman for the House of Lords. As regards the medical profession a peerage is simply a money question, for it is no secret that Her Majesty declined to make Sir Benjamin Brodie a peer on the ground of his want of sufficient fortune. But how few eminent

barristers could afford to take a peerage were it not for the retiring pension allotted to ex-Lord Chancellors, or successful generals but for the provision for maintaining the dignity always made in such cases. Why, then, should the medical profession, in the person of its most distinguished member, be considered beyond the reach of a parliamentary vote to support a dignity which might be worthily conferred? But the services rendered by the different departments of the profession are nowadays as nothing compared with those of a political wire-puller.

SIR ROBERT CHRISTISON ON CONJOINT SCHEMES.

EVERYONE must have regretted the absence of Sir Robert Christison from the Council meeting, but there will not be such a universal agreement as to the course which he saw fit to take in consequence of being unable to be present. On the second day of the meeting, and in the very thick of the discussion of the English scheme, the President announced the receipt of a letter from Sir Robert, which was duly printed and circulated, entreating the Council to pause in its course of promoting Conjoint Schemes on the following grounds:—The great improvement effected already in medical education and the near approach to uniformity; that the idea of absolute uniformity is a mere delusion; that the examinations contemplated in such schemes as the English would be so laborious and consume so much time that the best examiners would decline to act; that the cost —thirty guineas—would soon be felt to be a grievance by the profession; and that all such schemes tend to destroy the self-reliance, emulation, and individuality of the existing bodies. There is force in some of the objections of Sir Robert Christison, as we have often pointed out, though, as he was hindered from being present at the meeting, we think he would have acted in better taste had he left the Council to judge for itself. He had been a party to the course taken by the Council, which would have stultified itself if, at the last moment, it had been scared from sanctioning the only scheme which resulted from its own request. Moreover, Sir Robert evidently objects to any junction of the universities and the corporations in this matter, and this is the alliance which alone would satisfy public opinion and make objectors suspend their opposition to schemes which are at best cumbrous and costly ways of doing the work contemplated. Individuality is a very good thing in its way, but nineteen individualities are too much of a good thing, as everybody but Sir Robert himself and some other Professors in the Edinburgh and Glasgow Universities seem to think. We regret that, instead of using his authority against the only scheme produced, Sir Robert did not use his great influence in producing a scheme for Scotland, and show how this great question could be settled with the least harm to existing bodies, and the greatest justice to the profession and advantage to the public.

THE MARSHALL HALL MEMORIAL PRIZE.

THE following scheme for the foundation and awarding of the Marshall Hall Memorial Prize was approved by the Medico-Chirurgical Society at its annual meeting on the 1st of March:—"That the money collected be invested in Government securities in the names of trustees appointed by the Society. That a prize be given for the best original work done during the previous five years, and recorded in the English language, in anatomical, physiological, and pathological research relative to the nervous system. That the prize should be awarded by the Society on the recommendation of the Council, and that the recipient be styled 'Marshall Hall Prizeman,' and that he shall receive with the prize a certificate or document recording his name and the reason of the award. That the prize be awarded at intervals of not less than five years, but that the Society be not compelled to award the prize should the Council not consider any work deserving of it. That the prize in its first award consist of five years' simple interest on the capital fund; and that in each subsequent award it consist of five years' simple interest on such capital fund as may be standing in the names of the trustees immediately after the presentation of the last preceding award. That the interest on the stock standing in the names of the trustees be invested annually to augment the capital fund; and that the state of the trust be reported at each annual meeting of the Royal Medical and Chirurgical Society." The prize will not be competed for by special essays, but will be given by the Society for what in their judgment was the best original work done in the previous five years in research relative to the nervous system.

We are sure the profession will hail with satisfaction the establishment of this prize in honour of a great man, whose memory and good work it will perpetuate, as well as stimulate others to prosecute scientific research in the same spirit as that which actuated Marshall Hall. As the proposal emanated from our columns, the matter is one of special satisfaction to ourselves.

THE OUTRAGE ON THE QUEEN.

As the plea of insanity will probably be raised in explanation of the outrage on Her Majesty committed by O'Connor, the following facts, which have been furnished to us by Dr. Bond, who examined the boy when taken into custody, will not be without interest for our readers. "The boy is a slight delicate lad eighteen years of age, pale, and strumous-looking; his general expression being calm, thoughtful, and intelligent, the eyes particularly expressive of determination, fearlessness, and *enthusiasm*. The mental capacity is good. He answered all questions respectfully and to the point, and was quite consistent in all his statements, and particularly as regards his motives for committing the offence. He stated that he had had a good deal of sickness, and was a long time a patient in King's College Hospital, where his foot was operated upon by Mr. Partridge. He stated that his life was not a happy one, and that he would gladly sacrifice it for the good of Ireland; that he was a gentleman by birth, and would feel insulted if anyone spoke disrespectfully of his great uncle, Feargus O'Connor; that there was no insanity in his family, though Feargus O'Connor was thought to have died mad; that he had read a great deal, but not sensational novels, as they were not to his taste. He further declared himself a republican, sympathising strongly with the Irish people; he thinks it an honour to be a Fenian, the murder of the Manchester policeman justifiable, and, being grieved that the Fenian prisoners are still unreleased, feels that since peaceful measures have failed any violence is justifiable in order to effect their release. He said he was a freethinker in religion, and believed in God, but not in denominational religion or clergymen. He declared that he was not unhappy at the thought of being punished, but that his efforts to release the Fenians have failed." Dr. Bond, as the result of his examination, certified that he was perfectly sane, and this opinion has been confirmed after a lengthy interview by Dr. Sutherland. The lad had at first contemplated the use of loaded firearms against Her Majesty, but considered that, as the Prince of Wales would come to the Throne, and the Monarchy still remain as an institution of the country, it would be better to attempt by intimidation to gain the immediate object he had in view. The boy has been in ill-health, and we know that Feargus O'Connor died of general

paralysis of the insane in an asylum. But for all this, so far as the facts are on record as regards the boy himself, there is no evidence of insanity in his case.

THE NAVAL MEDICAL SERVICE.

WE are extremely glad to announce the appointment of Dr. Macdonald, F.R.S., staff surgeon in the Royal Navy, to the post of Assistant Professor of Naval Hygiene at Netley Hospital. Dr. Macdonald's duties will be to instruct the candidates for the Navy Medical Service in those points of hygiene more especially concerned in naval life, and thus to supplement the very excellent instruction received by them in the Army Medical School. It may perhaps be suggested that Dr. Macdonald ought to have received the title of "Professor"; but we must not look a gift horse in the mouth too closely; and as we find the cost of the naval portion of the establishment at Netley put down at £2500 in the year's estimates, we cannot accuse the Admiralty of illiberality, and hope that the more honourable title will follow in due course.

The Naval Department may be congratulated on obtaining seventeen recruits of a high class for its medical service at the recent examinations; and the Admiralty may rest assured that if their present policy of relieving the medical department from all interference on the part of the executive in matters strictly professional—in hospitals, sick-bay arrangements, &c.—is pursued without shrinking, they will shortly have the department in a state of efficiency such as has not been known before. Already the feeling in the medical schools, and particularly those in London, towards the Naval Medical Service, has undergone much alteration, and it is not too much to say that it is on the high road to popularity.

MEDICAL REGISTRATION SINCE 1858.

THE number of persons entering the profession of medicine may be roughly, though not exactly, gathered from the number of persons registering. The years immediately succeeding the Act of 1858 should, for this purpose be excluded, as the profession at large then for the most part registered. The numbers are as follows:—In 1858 and 1859, 16,082 (qualified before Jan. 1859) at £2 each, 409 at £5 each—total, 16,491; in 1860, 842; in 1861, 1101; in 1862, 869; in 1863, 933; in 1864, 961; in 1865, 762; in 1866, 749; in 1867, 773; in 1868, 825; in 1869, 726; in 1870, 832; in 1871, 727. If we take the four years from and including 1861, and the four years ending with 1871 for comparison, we get the curious fact that the average number of registrations in the first period was 961, and in the second period 777. In other words, that in the first period nearly 200 more registrations a year were effected than in the last. We shall revert to these interesting facts.

TATTOOING.

THE subject of tattooing has acquired a temporary interest from the incidents of the trial that has just collapsed so suddenly and completely. The practice is of great antiquity, and, as is well known, is adopted by many savage tribes; the mode in which it is performed, however, varies considerably. Thus, whilst the Australian makes deep incisions and fills in the wound with clay and other substances so that an elevated scar is left, the New Zealander scarifies himself with an instrument resembling a curry-comb, constructed of shark's teeth, which is slowly driven through the skin by repeated blows of a mallet, the wounds being filled in with the resin of the Kauri pine and a kind of red earth. With the lower classes, and it would appear occasionally with youths of the upper, in this and neighbouring countries the punctures are made with a needle, gunpowder, indigo, or vermillion being subsequently rubbed in. By the wild tribes tattooing is unquestionably used as a substitute for clothing, and Prichard, as quoted by Wood in his "History of Man," observes that European eyes become so accustomed to the tattoo that they are rather shocked at its absence; and so completely is this feeling realised by the Samoan natives that chiefs who have arrived at middle age frequently undergo the process of tattooing a second time, in order to renew the patterns, as they become dim and uncertain with the lapse of years; for though indelible, the tattoo does fade in time. Tattooing, so common among our soldiers and sailors, is probably based upon a desire that their bodies may be recognised in case of death in action, or by drowning; though it is, perhaps, often done merely from imitation, or to wile away the time. The durability of the marks will obviously depend upon the depth of the incisions or punctures, and the nature of the substance rubbed in. When the incision or puncture has fairly penetrated the cutis, and the material is insoluble, it will certainly be permanent. Virchow, in his "Cellular Pathology," gives an illustration of the appearances presented by the glands of a tattooed soldier fifty years after the operation.

AMERICAN DRUGGISTS.

THE Report of the Commissioners of Pharmacy, New York, in giving an account of their first six months' work of examination, shows a lamentable amount of ignorance on the part of dispensing druggists. Of 728 applicants, many of them proprietors, barely three persons could read at sight the simplest Latin. A test-prescription, ordering a certain quantity of tinct. gentian. co. and infus. ejusdem, was given to an applicant to read; after puzzling over it for some time he confessed that in no store where he had ever worked did they keep infus. ejusdem. It is stated that on one occasion a prescription containing, among other things, the mysterious infusion, went the whole round of the Broadway drug-stores, and was positively rejected at eighteen shops before it could be understood. Truly, the American pharmaceutists would seem to be very far behind their European brothers.

SANDRINGHAM HALL.

WE have already announced that Mr. R. Rawlinson, C.B., had been instructed to inspect the sanitary arrangements of Sandringham Hall; and the day after the Royal visit to St. Paul's, Mr. Rawlinson and Mr. Humbert, the architect, attended at Marlborough House to report the result. The drains are fortunately nearly all external to the building, but they end in a temporary covered cesspool, the overflow from which passes into a plantation. The roof and surface water is carried by separate drains to an ornamental pond. The closets are nearly all against outside walls, and the pan-traps are properly ventilated; but the closets themselves are not sufficiently ventilated. The Hall is defective, as regards ventilation, throughout; and the workmanship of doors and windows is so perfect that foul air cannot escape nor fresh air enter, as in the loosely fitting doors and windows of older houses. The halls, corridors, and staircases are heated by hot-water apparatus. Adequate means of ventilation will be provided, the cesspool will be removed, and the drains are to be ventilated outside the building. The water is hand-pumped from a local well, and is not of the best quality, as the strata are full of iron. The farm buildings, cottages, &c., have only pumps. It is proposed to establish water-works at or near the gas-works. A well is to be sunk to the chalk. Engine power will be

used, and a water-tower and elevated tank will give pressure sufficient to throw water over the house at its highest part. The same works will supply the stables, and may easily supply the cottages on the estate.

His Royal Highness has evinced the deepest personal interest in these proposals, and has expressed his wish that his cottage tenants may be provided with similar arrangements for securing a good drainage and a wholesome supply of water. It is hoped that his Royal example may be followed very generally, for there are few country mansions without cesspools and ill-ventilated drains, or in which the water-supply is altogether beyond suspicion.

THE APOTHECARIES AND THE CONJOINT SCHEME.

THE explanations given in the Council of the exclusion of the Apothecaries' Society from the conjoint scheme will be read with interest by the profession. Mr. Bradford, its new representative, assured the Council that no means should be spared to overcome the legal difficulties which led the Society to think it impracticable for it to join the scheme which has now been sanctioned by the Council. He declared that the Society had not withdrawn from negotiations, but had been ignored in the later stages of them. This statement, however, was contradicted by all the representatives of the other corporations. The probability is that there was a misapprehension on both sides, which should be amicably adjusted. Sir William Gull suggests that the Society represents the thymus gland and the Wolffian bodies in the anatomy of the profession. There is much to be said undoubtedly for this view of the Apothecaries' Company. But the same comparison would apply to many other of our arrangements for examining in medicine. Moreover, the Company has really done its work, or rather the work of the College of Physicians, so well that the profession would grieve to see it treated inconsiderately. If it is to be left out of the new arrangements, it will remain as a rival, and not an unimportant one, to the Conjoint Board.

SOIREE OF THE PRESIDENT OF THE MEDICAL SOCIETY.

OUR anticipations that the President of the Medical Society's *soirée*, held on Tuesday last at the Hanover-square Rooms, would be both fully attended and in every sense a success, were fully realised. The rooms were filled with a large and goodly company. The objects of interest shown on the occasion were varied and excellent, including contributions from the Council of India, Messrs. Salvati and Co., Messrs. Wyon, Messrs. Graves and Co., the Stereoscopic Company, Mr. Seymour Haden, Messrs. Bazzanti and Co., Dr. Carpenter, Mr. Ross, Professor Pepper, and others. The band of the Royal Artillery was in attendance, and added most materially to the enjoyment of Dr. Andrew Clark's guests; but the presence of ladies must at least take the first place in this respect.

ALGERIA AS A HEALTH-RESORT.

ON the coast, Algeria has but two seasons, the dry and warm, the cool and moist. The former lasts from May to September, the latter from September to May. As with ourselves, the coldest wind in Algiers is the north-west; the nearer the wind to the south, the warmer and drier it is. During the eight months from the middle of September to the middle of May, there are about fifty-eight days during which the temperature is comparatively cold—about equal to that of the middle of May in Scotland. The invalid, however, must have more than a knowledge of mean temperature; he must know its fluctuations in bright weather and in cloudy, as well as in house-interiors. Algiers itself has three hotels of repute, well situated towards the sea; but they are surrounded and overtopped by closely-built streets, which load the wind as it blows seaward with fetid effluvia. Nature has done more for Algiers as a health-resort than for any of its Mediterranean rivals. From the distant Atlas the ground, richly wooded and undulating, slopes down some miles in length to the sea, and is studded with white villas, among which the Villa Orientale deserves notice as a private hotel, well-appointed, perfectly clean, and rich in the attractions of earth and sea and sky. As a resort for the phthisical, indeed, the colony possesses attractions which, if adequately utilised, would go far to recoup France for the expense incurred, and to compensate her for the losses sustained through that military system to which its conquest inured her ill-fated army.

SMALL-POX AT THE GOLD COAST.

A SEVERE epidemic of small-pox is prevailing on the Gold Coast. It appears from the accounts which we have received that it first broke out at Mumford on November 23rd, and that 30 deaths had occurred to December 2nd; the cases being never more than 100. The Government of the settlement offered to pay for attendance on the sick and for providing them with comforts. Isolation has been carried out; all the persons who have been attacked with small-pox have been removed out of the town, and those who have died have been buried at least a mile from any town or habitation. The people refuse to be vaccinated, looking upon the deaths of those who succumbed as an ordering of Providence, with which it would be contrary to their faith to interfere. A meeting of the chiefs was called, at which some attended; they refused to agree to vaccination being performed, but promised to do anything else. It is believed that there are more than 200 cases in the town, and that there have been upwards of 80 deaths. Arrangements were, however, made for isolating the sick outside the town.

At Sarafa there were 20 cases. The sick are, as at Mumford, removed out of the town, and all intercourse is forbidden. The people here also refuse to be vaccinated, but it was considered that their prejudices would be overcome. Upwards of 40 deaths have occurred here.

A medical man has been despatched by the Government to vaccinate the people in these towns.

THE COMMANDER-IN-CHIEF AND THE ARMY MEDICAL SERVICE.

WE are glad to place on record the verdict of the Duke of Cambridge as to the way in which the duties of the Army Medical Department were discharged on the occasion of the late autumn manœuvres. The duke says—"I rejoice to think that nothing could be better than the sanitary condition of the entire force; and the principal medical officer, Dr. Lawson, reported to me at the end of the manœuvres there was actually a considerable diminution of sick at Aldershot from the numbers in hospital when the divisions first marched out." His Royal Highness adds that they had the advantage of lovely weather, and the camping-grounds were all well situated, and favourable in a sanitary point of view; whilst the work, though hard, was all of a character to improve the condition of the men, being so continuously in the open air. "All the necessary arrangements had, however, been made for amalgamated general hospitals by divisions and brigades, and the attendance upon such men as fell sick was all that could be wished or desired."

FINANCES OF THE COUNCIL.

THE income of the Council for 1871 was £4937 1s. 3d.; the expenditure was £4058 1s. 8½d., leaving a balance of £878 19s. 4½d. in favour of the Council. This results from the Council only holding one meeting. So far the account is satisfactory. But the Council's income for 1871 was less by nearly £300 than in 1870. This falling off is largely due to a decrease in the number of new registrations. Concerning the fluctuations in registration, a statement, which may be relied on, will be found elsewhere.

We believe that special and very creditable efforts have lately been made by the clerks of the Council to make the Register as perfect as possible; and that this is the explanation of a paragraph in the Report of the Finance Committee in reference to a request for some remuneration to Mr. Bell and Mr. Roope for extra work.

THE PRINCE OF WALES.

WE are glad to say that the slight aggravation of the local affection of the left limb in the Prince of Wales has passed away. His Royal Highness has been able to take carriage and some walking exercise during the last few days. It had been arranged for the Prince to leave England on Wednesday, but we understand that according to present arrangements he will leave on Monday for the South of France.

HONORARY AWARDS.

THE Fothergillian Gold Medal has been awarded by the Council of the Medical Society of London to Dr. Edwards Crisp for his essay on Croup. One of the two silver medals is given to Dr. Thorowgood for services rendered to the Society as secretary, and the other, which is always awarded to a gentleman not a Fellow of the Society, to Dr. Silver, in recognition of the value of his paper on Mitral Stenosis, read at a recent meeting.

POOR-LAW MEDICAL OFFICERS' ASSOCIATION.

A SPECIAL MEETING of this Association will be held at the Medical Club, 9, Spring-gardens, on Tuesday, the 12th inst., at 7.30 P.M. precisely, for the purpose of taking into consideration the Sanitary Bill of the Government, more especially the clauses relating to Poor-law Medical Relief, &c. Mr. Corrance, M.P., and Mr. Dalrymple, M.P., will attend, and several other members of Parliament are expected to be present.

THE local sanitary authorities at Hull are looking after their shipping in a way both commendable and worthy of imitation. A Norwegian vessel arrived in the roads a few days ago from Marseilles, with four of her crew dangerously ill with enteric fever. The clerk to the local board of health, acting under a certificate from Dr. Holden, the medical inspector, obtained an order from the sitting magistrate, removed the sick sailors into hospital, and put the vessel into quarantine until she was thoroughly disinfected. The local marine board and other port authorities at Hull have always been in the van as to other matters relating to hygiene afloat and this port is now probably better regulated (in a sanitary point of view) than any other in the United Kingdom.

SANITARY improvement progresses in France. The Committee on Child Labour in Manufactories precludes children under ten from working at all, and children between twelve and thirteen from working more than six hours per diem. No night-work will be allowed before the age of fifteen; while, on the part of women and girls, night-work at any age is absolutely forbidden.

THE report of Dr. Frankland on the London water-supply during February is not of the most satisfactory character. Notwithstanding a gradual improvement in the condition of the Thames since the end of January, the water supplied from this source was not, according to the reporter, conspicuously better, while that derived from the New River and East London Companies was rather worse. The West Middlesex, it seems, is the only Company drawing its supply from the Thames which has uniformly delivered clear and well-filtered water during the late floods. The deep-well water of the Kent Company again contained the smallest proportion of organic matter.

AMATEUR dramatic representation has long been a favourite mode of collecting funds for charitable objects. A most successful performance in aid of the Royal Infirmary took place on Saturday at the Theatre Royal of Edinburgh. Two well-known pieces by Charles Mathews and Mr. H. J. Brown were selected. The characters were well sustained throughout; and so great was the satisfaction, and so substantial the pecuniary result at the close, that we trust another opportunity will shortly be afforded the Edinburgh students of assisting at or in similar performances.

THE annual meeting of the Bradford Fever Hospital was held last week, when the report stated that, although the hospital was open and its officers appointed, it would not be complete until a small-pox ward had been built. Arrangements were, however, made for the erection of such a ward should a necessity arise. It had been estimated that, although £2000 would be required annually to maintain the hospital in a state of efficiency, only £500 a year had been guaranteed. The report concluded with an appeal for further annual subscriptions, which we hope will meet a ready response.

A PUBLIC MEETING was held a day or two since at Preston to protest against the "incarceration" of William Stansfield, a young factory operative, in the Lancaster Lunatic Asylum, when the following proposition was unanimously adopted: "That this meeting is of opinion that William Stansfield has been unwarrantably and unlawfully dragged from his work and placed in an asylum, under the pretence of insanity, but not declared to be so by the medical men employed by this union, and considers it its duty to further his immediate release, and protests against his maintenance being charged to the ratepayers of Preston."

IN consequence of the increased number of students entering at the Liverpool Infirmary School of Medicine, the governors have determined to enlarge the premises; and for this purpose they require the sum of £3000. Mr. J. Pemberton Heywood, who has always been a warm supporter of the institution, has just presented it with the munificent donation of £1000; and we hope that after such an example the required sum of money will be soon subscribed.

THE Florentine fork-swallower, Egisto Cipriani, is, it seems, in a very critical state. He has lost flesh greatly, and at times is in acute pain. The position of the fork, in spite of repeated and prolonged efforts, has not been made out. Gastrotomy, therefore, so often successful when the foreign body has been detected in the stomach, cannot in the meantime be attempted.

AT Norwich a special small-pox hospital has been provided through the kindness of the Marchioness of Lothian. The hospital will accommodate thirty patients; and those who are able will have to pay 6s. a week toward their maintenance.

SIR HENRY HOLLAND retains his public spirit and intellectual versatility in a remarkable form. To the post of President of the Royal Institution he has just added that of Vice-President of the Society for the Encouragement of the Fine Arts.

IT has been discovered that there is a second sewer in Park-lane five or six inches above the basement of Gloucester House. Although the newly-discovered sewer has been stopped up at both ends, it is stated that houses still drain into it, and the sewage oozes into Gloucester House.

DR. LOCKHART CLARKE gave, at King's College on Monday last, by special desire, a demonstration of the Morbid Anatomy of the Spinal Cord, with special reference to muscular atrophy, general paralysis, tetanus, &c.

THERE are several candidates in the field for the vacant coronership of the City of London. Amongst others are Dr. Holt Dunn, a former candidate; Dr. Mair, late deputy coroner for Madras; and Dr. Septimus Gibbon.

DR. BRISTOWE delivered the first Croonian Lecture "On Disease and its Remedy," on Wednesday last. We are compelled to postpone our notice of it until next week.

BY the Hospital Sunday movement in Leeds the handsome sum of £1599 has been given to the Infirmary.

Foreign Gleanings.

ECHINOCOCCUS IN THE ORBIT.

AN interesting case of this disease was brought before the Medical Society of Vienna at the meeting held on Feb. 9th. It had been originally under the care of Arlt, but was transferred to Billroth. The patient was a boy aged thirteen years. He had suffered for two years from a tumour situated at the outer and inferior wall of the orbit, and which, by its gradual increase, pressed the eye inwards and upwards. The tumour was elastic and somewhat fluctuating. The absence of inflammatory symptoms at any period of its growth precluded the idea of an abscess, and it was imagined to be a vascular tumour of some kind; but on the introduction of a grooved needle, clear fluid alone escaped. It was then regarded as a cyst. Sharp inflammation followed the puncture, and, suppuration occurring, its excision was determined upon. An incision was made over the swelling, which was found to be situated between the periosteum of the orbit and the connective tissue investing the ocular muscles. The cyst was divided, and a vesicle about the size of a hazel-nut protruded, which was soon recognised to be an echinococcus. This makes the fifth recorded case of echinococcus in the orbit.

THE EUCALYPTUS GLOBULUS.

The eucalyptus, discovered in 1792, belongs to the Australian continent. The tree has grown as high as 100 yards, measuring 28 ft. in circumference. The antipyretic properties of the leaves seem to have been long known to the natives, but became evident amongst Europeans about forty years ago, by the crew of the ship *Favourite*, who, decimated by ague, stopped the ravages of the fever by the use of eucalyptus leaves. M. Ramel, in 1866, brought the virtues of the plant before the Academy of Medicine of Paris; and Professor Gubler began forthwith to make clinical trials. The properties seem to reside in an essence, or, rather, a kind of liquid camphor, to which the name of eucalyptol has been given. M. Carlotti, a physician of Ajaccio, considers the essence extremely valuable in ague, especially where quinine has failed; but M. Gubler has not had opportunities to experiment with it sufficiently in intermittents to give an opinion. He prefers administering the leaves in powder, the dose varying from 60 to 240 grains. A decoction has also been given in capsules containing 3 grains each. From 6 to 20 capsules may be given per diem. It would be very desirable to try the plant on a large scale.

A MODE OF DEMONSTRATING MINUTE PORTIONS OF SUGAR IN THE URINE.

Prof. Seegen states (*Centralblatt*, No. 5) that even Trommer's test is not very satisfactory where small quantities of sugar only are present in the urine, and that it does not detect such amounts so readily in urine as in watery solutions, since the whitish cloud that is formed when sugar is really present is indistinguishable from that produced by excess of uric acid. He finds that a great increase of sensitiveness can be produced by filtering the urine through blood-charcoal two or three times successively. By this means not only is the colour removed, but the uric acid is almost entirely retained by the charcoal, and then the reduction of the copper by Fehling's test may be very clearly seen. No quantitative estimate of the amount of sugar present can be made after the urine has thus been filtered through charcoal, as a certain portion is retained in the filter.

CHANGES OF THE BLOOD IN SCURVY.

M. Chalvet, in a paper contained in *L'Union Médicale*, No. 121, 1871, states that his examinations of the blood of scorbutic patients showed that it was paler and thinner than natural; that it took a longer time than usual to coagulate; and gave a very small but dense blood-clot, with an exceptionally large quantity of serum. The proportion of fibrin amounted to about 2 or 3 parts in the 1000, but as improvement took place in the general condition of the patient the proportion fell to somewhat over 2 per 1000. The red corpuscles at the acme of the disease amounted to from 63 to 100 per 1000 parts, the normal quantity being about 130. Becquerel and Rodier, on the other hand, found from 162 to 176 of red corpuscles in the 1000. The amount of water in scorbutic blood amounted to 853·5, as opposed to 779·5 in health. The proportion of albumen was 72·3 per 1000, whilst that of the blood in health is 68·7.

THE PRISONS OF LOWER BENGAL.

AT a recent meeting of the Statistical Society, a very able and interesting paper was read by Dr. Frederic J. Mouat, F.R.C.S., Deputy Inspector-General of Hospitals, H.M. Indian Army, on Prison Discipline and Statistics in Lower Bengal. The great experience which Dr. Mouat's long official connexion with all that concerns the prisons of India has given him lends peculiar value to anything he has to say on this subject; and the freshness of style with which he has managed to express his thoughts relieves his paper of much of that "dryness" that deters many readers from tackling statistical papers, except those on matters in which they are particularly interested. We have no space to notice Dr. Mouat's remarks on the castes and classes of criminals in Bengal, or the labour, employment, and education of convicts; but must at once turn to that section of the paper which treats of their sickness and mortality. After stating that these play a more important part in the administration and in the internal economy of the prisons of Lower Bengal than they do in those of other countries, and than they would in Bengal itself if properly constructed prisons existed, he adds that long-extended observation and careful study have led him to the conclusion that a death-rate of 30 per 1000 should represent the amount of risk to life that a prisoner ought fairly to encounter. Before the gaols were placed under his charge the average annual death-rate was 83 per 1000, of which about 17 per 1000 were deaths from cholera. During the last five years of his administration the death-rate from all causes has been yearly diminishing, from 105 per 1000 in 1866—a year of exceptional mortality, owing to the famine—to 43 per 1000 in 1870. By great care and attention an annual saving of between six and seven hundred lives, calculated on the mean death-rate of a quarter of a century, has been effected. The saving of life, he parenthetically remarks, does not yet, however, possess the same value in the honour market as

its sacrifice, otherwise he might have been deemed deserving of some special mark of distinction from the Crown.

We gather from one of the tables that the aggregate of the number of prisoners in custody during 1844—68 was above half a million; that among these 21,276 cases of cholera occurred, and 729,450 admissions to hospital from all other causes. The deaths to strength from cholera were 16 per 1000, and to treated 391 per 1000, or 1·63 and 39·13 per cent. The uniformity of these rates for so lengthened a period seems to show, he thinks, that the disease has neither increased nor diminished in intensity or amenability to treatment. Dr. Mouat points out that much of the sickness and mortality among European soldiers in Bengal which has been attributed to climate, defective constitution, and crowding of barracks, and similar causes, is probably due to totally different circumstances—dissipation, to wit, being one. The heavy sickness-rate of the quarter of a century was chiefly due to fever, dysentery, and diarrhœa—all zymotic diseases, and susceptible of diminution by removal of their causes. It is a curious and interesting fact that true typhoid fevers were unknown during this period, "as there were no underground sewers to generate the poison to which that form of fever is generally believed to be due." The place assigned to dysentery in the nomenclature of the College of Physicians Dr. Mouat believes to be incorrect as regards the form of the disease seen in the prisons of Lower Bengal. "It is neither a local disease nor one of the digestive system, but depends on blood-poisoning, and is essentially zymotic in character." Our author dwells very forcibly on the demoralisation and physical disease attendant on the collective system of imprisonment, and reiterates the opinion that he expressed in his official report for 1867, that cellular prisons are imperatively demanded. Dr. Mouat's test of the management of a prison would be *its* balance-sheet; his test of the behaviour of a convict, *his* balance-sheet. "The prison should be made to pay, and the prisoner be made to work, in a manner that must admit of no shams. He may feign piety, and he may be very obedient to prison rules from calculation of their advantages, but he could not feign good work without completing it."

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

THE annual meeting of this Society was held on Friday, March 1st, T. B. Curling, F.R.S., President, in the chair. The President opened the meeting at 8 P.M. He declared the ballot open, and nominated Dr. Samuel Jones Gee and Dr. William Johnston, scrutineers.

The Treasurers' account of the income and expenditure of the Society for the year 1871, with the Auditor's report, were then read. The total ordinary income from subscription and other fees, sale of Transactions, payments of other Societies, and interest, was £1477 5*s.* 3*d.*, and the ordinary expenditure £1046 3*s.* 7*d.* The extraordinary expenditure was very large owing to the cost of the new reading-room and other alterations in the Society's premises, &c., but this had been met by the sale of £1000 stock and the balance remaining from the previous year, leaving a current balance of £496 5*s.* 5*d.*

The report of the President and Council referred also to the above particulars, and stated that 23 new Fellows had been elected, 16 being resident and 7 non-resident, and 24 Fellows had died, 3 of them being honorary, 9 resident, and 12 non-resident; leaving the present number of Fellows, honorary, resident, and non-resident, at a total of 656. The report mentioned that the new reading-room would be open in the course of the session, and that the delay in the opening had been caused by the dampness of the walls, which had hindered the completion of the book-cases, &c. A new arrangement of the busts was contemplated—on pedestals instead of the double rows on brackets on the columns as heretofore. The back room on the first floor, now connected by a new staircase with the vestibule of the meeting-room, would become an integral part of the library, and it was recommended by the Council that the Society for Relief of Widows and Orphans of Medical Men, which till now had had exclusive possession of this room, should, in future, have it only on occasion of their meetings, and that this and the entire occupation of the small room now used by their secretary should be allowed them rent free. The Council also recommended that the Society should undertake the administration and management of the Marshall Hall Memorial Fund, for which application had been made to them by the committee.

The report relative to the Library stated that 361 works had been added (not inclusive of journals, &c.), of which 189 were purchased and 172 presented. There had also been a donation from Sir Trevor Lawrence of above 300 tracts, on Anatomy, Physiology, and Medicine, from the library of the late Sir William Lawrence. The report also referred to the large amount of book-space which had been gained by the alterations, giving additional shelf-room for about 27,000 volumes, which would not only allow of the library being increased to double its present size (covering any prospective increase for the next thirty years), but would permit of great improvements being made in the general arrangement of the whole library.

The adoption of the report was moved by Mr. Henry Lee, and seconded by Dr. Cholmeley, subject to the adoption of separate motions relative to the tenancy of the "Society for Relief of Widows and Orphans of Medical Men," and the "Marshall Hall Memorial Fund"; the former of which was moved by Dr. Pitman and seconded by Mr. Charles Hawkins, the latter by Dr. Gee and Mr. Cooper Forster, and both carried.

After the complete adoption of the report, it was moved by Mr. Charles Hawkins and seconded by Dr. Webster, "That the Council be requested and empowered to obtain a bust of her Majesty the Queen, to be placed in the meeting-room." After some objection by Dr. Buzzard, partly from an artistic point of view, as to its position, &c., which was replied to by Dr. Cholmeley, the motion was carried unanimously, and the same mover and seconder then proposed "That the Council be requested to take into consideration the question of the Society's holding a Reception at the end of the session."

The PRESIDENT then addressed the meeting. He congratulated the Society on their having accepted the management of the Marshall Hall Memorial Fund, which he confidently hoped would give great encouragement to the prosecution of researches on the physiology and pathology of the nervous system. He likewise trusted that the enlargement of the premises, and the great increase in the space for library accommodation, would meet the wishes and convenience of the Fellows. In commencing the usual annual obituary of deceased Fellows, the President regretted that the roll this year was larger than it had been for many preceding years. It included the names of Dr. Tanner, Dr. Hennen, Dr. Hyde Salter, Mr. Samuel Solly, Mr. Langston Parker, Mr. Robert Wade, Dr. George Blackman (United States), Dr. George Edward Day, Mr. Thomas Hammerton, Dr. James Abercrombie, Dr. John G. Goulstone, Dr. Wm. England, Mr. Simon Murchison, Mr. Herbert Chalmers Miles, Mr. John W. Hubbard, Dr. George Scratchley, Mr. Charles Revan Alexander, Dr. G. F. Dorsett Evans, Dr. Patrick Miller, Mr. Henry Derviche Jones, and Mr. Charles Beevan. The President also referred to the deaths of two distinguished Honorary Fellows of the Society, Sir John F. W. Herschel and Sir Roderick Impey Murchison, and gave interesting sketches of the lives and researches of these several deceased gentlemen.

The best thanks of the Society were voted to the President for his address, on the motion of Dr. Barnes, seconded by Dr. Cholmeley; and a vote of thanks was also moved by Mr. Fairlie Clarke, seconded by Mr. Alfred Willett, and carried unanimously, to the retiring Vice-Presidents, Treasurer, and other members of Council.

The President announced the result of the ballot for officers and Council for 1872-73, as follows:—President: Mr. T. B. Curling, F.R.S. Vice-Presidents: Dr. A. P. Stewart, Dr. Barclay, Mr. Critchett, and Mr. J. A. Kingdon. Treasurers: Dr. Balfour, F.R.S., and Mr. Birkett. Secretaries: Dr. E. S. Thompson and Mr. Thomas Smith. Librarians: Dr. T. K. Chambers and Mr. Charles Brooke, F.R.S. Other members of Council: Dr. E. Ballard, Dr. Greenhalgh, Dr. George Harley, F.R.S., Dr. H. J. Sanderson, Dr. Walshe, Mr. W. O. Chalk, Mr. Gascoyen, Mr. Hulke, F.R.S., Mr. Edwin Saunders, and Mr. Savory, F.R.S.

The meeting then adjourned.

THE CHOLERA IN RUSSIA.

To the Editor of THE LANCET.

SIR,—I now again beg to enclose the following extracts taken from the *Journal of St. Petersburg*, which, together with the bulletin printed in your previous issue (February 24th, 1872) will further illustrate, complete, and bring up *to the latest date*, the history and "spring outbreak" of cholera at Revel. The Russian time is always used in the official bulletin:—

From the *Journal de St. Petersburg*, January 27th, 1872 (English time).

"On mande de Rével que le port de cette ville est entièrement libre de glaces. Les bateaux à vapeur qui font la traversée de Rével à Hull ont repris leur service."

February 26th, 1872 (English time).

"On mande de Rével au *Messager Officiel*, sous la date du 5 Février, que la glace qui couvre le port de cette ville depuis le 29 Janvier s'est consolidée par l'effet des grands froids. La navigation est fermée."

From the *Journal de St. Petersburg*, February 29th, 1872 (English time).

"On mande de Rével, sous la date du 11 Février, que le choléra a complètement cessé dans cette ville, où on sait qu'après y avoir sévi une première fois du 3 Octobre au 23 Novembre de l'année dernière, il avait fait une nouvelle apparition le 24 Décembre. Depuis cette date jusqu'à celle du 10 Février le nombre des cas a été de 145, dont 86 suivis de décès. Lors de la première apparition de l'epidémie il n'y avait eu que 86 cas avec 54 décès.—*Nordische Zeitung.*"

From the published statistics of cholera in Russia in 1871, it was seen that the disease, besides exhibiting itself in virulent activity in the "spring outbreak" at St. Petersburg, flooded extensively the Governments to the north, south, as well as the south-west Gulf of Finland districts, commencing in all these in the spring months, and continuing till late in the year. Throughout these the "epidemic force" was only of third degree as to strength and diffusion and virulence of the epidemic, as compared with many of the less-favoured central and southern provinces of European Russia. It will therefore be a point of considerable interest and importance to epidemiologists to watch its history and further spread through the Russian and Prussian Baltic provinces during the present year 1872.

I remain, Sir, yours obediently,

March, 1872. WILLIAM D. MICHELL.

POOR-LAW MEDICAL RELIEF.

To the Editor of THE LANCET.

SIR,—A full report of the proceedings at the conference on Poor-law Medical Relief on the 5th, and at the deputation to Mr. Stansfeld on the 13th ult., having been forwarded to our members, during the last few days I have received from all parts of the country a large number of letters, in which the writers express their objection to the proposition of the Royal Sanitary Commission, which would constitute them (if adopted) the sole medical officers of health of their respective districts.

The enclosed copy of a resolution adopted at a meeting of the medical officers of the Cardiff Union places the matter in so clear a light that I believe you would be doing us a service if you find space for it in your columns.

I am, Sir, yours obediently,

Dean-street, March 5th, 1872. JOS. ROGERS.

At a meeting of the medical officers of the Cardiff Union, held on the 27th of February, it was unanimously agreed that—"We are most strongly of opinion that the recommendation of the Sanitary Commission, that district Poor-law medical officers be sole sanitary officers, would be impracticable, as private practice would seriously interfere with the necessary independence. We believe the greatest efficiency would be obtained by charging them with the duty of reporting to a superior officer, independent of practice, who might preside over a wide area, and accept the responsibility of taking action for the removal of reported nuisances. Further, if this higher office were made open to the deputy officers who might prove their fitness for it, we think it would be a valuable stimulus to the thorough discharge of the duties of the subordinate post."—Signed, John Lewellyn, Richard Lougher, Alf. Sheen, M.D., James Milward, Edward Bates, F. W. Granger, Jno. Evans, David Edgar Jones.

HOUSE OF COMMONS.

FEB. 29TH.

MR. GLADSTONE, in reply to Sir J. Trelawney, stated that he did not see any probability of the Contagious Diseases Acts Bill being brought on for a second reading on the 21st of March, but notice of the day would be given.

MARCH 6TH.

Mr. CHARLEY moved the second reading of his Bill for the Better Protection of Infant Life, which last year was considered and remodeled by a Select Committee. The Bill provides that persons who take children to nurse for more than one day must be furnished with a certificate from a medical practitioner, a magistrate, or a minister of religion, which certificate may be cancelled on proof of neglect. A register of infants is to be kept in each house, and when a death occurs it must be notified to the coroner. The extreme penalty to be imposed is six months' imprisonment.

Mr. Walpole, in criticising its provisions, thought that compulsory registration of births would give greater facilities for tracing children, which drew from Mr. Bruce the information that the President of the Local Government Board is about to introduce a Bill for the Compulsory Registration of Births. Mr. Hurst, Mr. Kinnaird, and Mr. Dalrymple, while supporting the principle of the Bill, thought it was not strict enough. Mr. Henley and Mr. Winterbotham, while fully acknowledging the good intentions of the promoters of the measure, did not expect great beneficial results from it.

The Bill was then read a second time.

Mr. MUNTZ, in moving the second reading of his Bill for Preventing the Adulteration of Food and Drugs, intimated that as Mr. Stansfeld's Public Health Bill would make it unnecessary, he should not proceed further with his own Bill if the Government measure were carried.

The Bill was then read a second time *pro formâ*.

Medical News.

APOTHECARIES' HALL. — The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on Feb. 29th:—

Atkinson, John Charles, Kew, Surrey.
Collier, Nicholas Constantine, Turnham-green.
Eady, George John, Chertsey, Surrey.
Fendick, Thomas Rowing, Mylne-street.
Scott, Hubert Payne, Tiverton, Devon.

On the same day the following gentlemen passed their First Professional Examination:—

William Bull, Dublin; Frederick Cheesman Clark, St. Bartholomew's Hospital; Campbell William Pridmore, Westminster Hospital.

INDIAN MEDICAL SERVICE. — The following is the list of candidates for this Service who were successful at the competitive examination held at Burlington House on the 12th of February:—

	Marks.		Marks.
Crombie, A. ...	2930	Mulvany, E. ...	1885
Murphy, W. R. ...	2630	Bookey, J. T. B. ...	1870
Joubert, C. H. ...	2525	Young, J. ...	1870
Russell, E. G. ...	2385	Daphtary, G. R. ...	1810
Fasken, W. A. D. ...	2360	Holmes, R. A. K. ...	1795
Branfoot, A. M. ...	2330	Lawrie, E. ...	1775
Hall, G. C. ...	2300	Beavan, G. F. ...	1750
Scully, J. ...	2265	Little, C. ...	1730
Watson, G. ...	2095	Johnson, W. E. ...	1690
Gopal Chunder Roy	2085	McGregor, A. ...	1685
Reid, A. S. ...	2070	Bankabehari Gupta	1665
McNally, C. J. ...	2055	Dobie, S. L. ...	1640
Zorab, J. M. ...	2005	Lloyd, C. ...	1615
Duke, J. ...	2000	Williams, A. H. ...	1605
Lang, J. A. T. ...	1960	Dobson, A. F. ...	1600
Russick Lall Dutt ...	1950	Ferris, J. E. C. ...	1600
Butler, W. J. ...	1945	Lawrenson, J. C. ...	1580
Palmer, E. ...	1945	Lombard, D. E. T. ...	1565
McConaghey, J. ...	1920	Mayne, T. ...	1530
Wilson, J. ...	1905	Ayton, T. V. ...	1520

MR. RITON OLDHAM, F.R.C.S., West Hartlepool, took the usual oaths, and qualified as a magistrate for the county of Durham, on Saturday, the 2nd inst.

THE annual meeting of the Directors of Northampton General Lunatic Asylum was held last week, when the report stated that during the past year 69 males and 65 females had been admitted, the total number under medical treatment being 534.

THE Governors of the Royal London Ophthalmic Hospital held their annual general meeting on Tuesday, in the board-room of the hospital. The report was, on the whole, satisfactory, the new wing having been occupied and paid for. A third contribution of £1000 from "T. R. C." was cordially acknowledged.

THE MINES REGULATION BILL.—The delegates representing the several miners' associations throughout the country have, it appears, expressed their satisfaction with the measure proposed by the Government. They consider it a fair and honest attempt to deal with the important question of the regulation of mines.

PRESENTATIONS.—Dr. James Young, of Kirkaldy, was entertained on Monday last at a public banquet, when a brougham with horse and harness, and also a timepiece (value £200 in all), were presented to him in consideration of his thirty years' devotion to professional duty, and his skill as a practitioner.—Last Friday evening, Dr. Douglas, of Troon, was presented in his own house with a box containing £92. The doctor's health has been failing for a considerable time, and as it was impossible for him to get the rest necessary for his recovery at home on account of the incessant calls made upon him, it was suggested to raise a subscription to send him to the south of England for two months. This suggestion was no sooner made than it was acted on, and in the course of four days the amount we have mentioned was raised. He has now left, and it is the universal wish that he may return at the end of his holiday thoroughly re-established in health, to resume his duties.

DONATIONS ETC. TO MEDICAL CHARITIES.—Mr. Wm. Ewing has given £1000 towards the fund for acquiring more extensive premises for the Glasgow Ophthalmic Institution, several gentlemen £200 each, and others £100 each. A committee of the Town Council of Sheffield have apportioned £800 to the Infirmary, £600 to the Hospital and Dispensary, and £400 to the Hospital for Women, out of Mr. Gillott's bequest of £2000 to the charities of that town. Mrs. Louisa Robbins, of Clifton, bequeathed £1000 to the Bath United Hospital. The West Norfolk and Lynn Hospital has become entitled to £500 under the will of Mr. T. A. Carter; and £300 under that of his niece, Miss Carter. General Everard W. Bouverie bequeathed £200 to the General Infirmary, Northampton.

Medical Appointments.

ADDY, B., M.R.C.S.E., has been appointed House-Physician to St. Thomas's Hospital.

ANDREWS, G., L.R.C.P.L., M.R.C.S.E., has been appointed Medical Officer for the Walton District of the West Derby Union, vice J. S. Grattan, L.K.Q.C.P.I., M.R.C.S.E., resigned.

ATKINS, G. P., jun., L.A.H Dub., L.M., has been appointed Resident Medical Officer to the Fever Hospital and House of Recovery, Cork, vice R. White, M.B., L.R.C.S.I.

BLAIR, A., L.R.C.S.Ed., has been appointed Parochial Medical Officer for Dalry, Ayrshire.

CALVERT, J. W., L.R.C.S.Ed., L.M., has been appointed Resident Surgeon and Superintendent to the General Hospital, Belfast, vice J. Maunsell, M.D., L.R.C.S.Ed., appointed House-Surgeon to the Blackburn and East Lancashire Infirmary.

CARTER, E. H., M.R.C.S.E., has been appointed Medical Officer of Health for Chelmsford.

COBBOLD, T. S., M.D., has been appointed Lecturer on Parasitic Diseases at the Middlesex Hospital Medical College.

DAVIES, J. C., M.D., has been appointed Medical Officer for the Whitford No. 1 District of the Holywell Union, vice J. H. Wolstenholme, M.R.C.S.E., resigned.

DREW, T. V. DE, L.R.C.P.Ed., M.R.C.S.E., has been appointed Assistant Medical Officer to the County Asylum, Rainhill, near Prescot, vice F. Stocks, M.R.C.S.E., resigned.

DREW, W. T., M.R.C.S.E., has been appointed Medical Officer to the Workhouse, and Medical Officer and Public Vaccinator for the Egham District, of the Windsor Union, vice Chas. V. Ridout, M.R.C.S.E., deceased.

FOLEY, J. C., M.D., L.R.C.S.Ed., has been elected Medical Officer for the Stratford or No. 2 District of the West Ham Union, and Medical Officer for the West Ham and Christ Church District of the Maternity Society, vice T. F. Clay, L.R.C.P.Ed., M.R.C.S.E., deceased.

FURLONG, N., L.K.Q.C.P.I., L.R.C.S.I., has been elected Medical Officer, Public Vaccinator, and Registrar of Births &c., for the Enniscorthy Dispensary District of the Enniscorthy Union, Co. Wexford, vice T. G. Cranfield, M.D., M.R.C.S.E., deceased.

GOODFELLOW, S. J., M.D., F.R.C.P.L., has been appointed Consulting Physician to the Middlesex Hospital, on resigning as Physician.

GORNALL, J. H., Honorary Surgeon to the Warrington Dispensary and Infirmary, has been elected Public Vaccinator for the Borough of Warrington, vice C. W. Spinks, M.R.C.S.E., resigned.

HENSMAN, A., L.R.C.P.Ed., L.F.P. & S. Glas., M.R.C.S.E., has been appointed Lecturer on Botany at the Middlesex Hospital Medical College, vice Cobbold.

HIGGENS, C., L.R.C.P.L., F.R.C.S.E., has been appointed a Surgeon to the Westminster General Dispensary, vice R. Wade, F.R.C.S.E., deceased.

HUGHES, W. R., L.K.Q.C.P.I., L.R.C.S.I., has been appointed Junior House-Surgeon to the Southern Hospital, Liverpool.

JOHNSTON, Dr. J., has been elected Medical Officer, Public Vaccinator, and Registrar of Births &c., for the Drumquin Dispensary District of the Castlederg Union, Co. Tyrone, vice J. Todd, M.D., L.F.P. & S. Glas., resigned.

LAW, A. B., M.D., M.R.C.S.E., has been appointed Assistant to the Extra Physicians, Royal Hospital for Sick Children, Edinburgh, vice F. R. L. Strathy, M.D., L.R.C.P.Ed., L.R.C.S.Ed., appointed Resident Medical Officer.

LINDSAY, A., L.R.C.S.Ed., has been appointed Medical Officer and Public Vaccinator for the Shap District of the West Ward Union, Westmoreland, vice A. C. Johnston, L.K.Q.C.P.I., M.R.C.S.E., resigned.

M'MASTER, A., L.R.C.P.Ed., L.R.C.S.I., has been elected Medical Officer, Public Vaccinator, and Registrar of Births &c., for the Drumquin Dispensary District of the Omagh Union, Co. Tyrone, vice Joseph Todd, M.D., L.F.P. & S. Glas., resigned.

PARSONS, F. C. J., L.R.C.P.L., M.R.C.S.E., has been appointed a Surgeon to the Provident Dispensary, Bridgwater, vice Wm. Henry Axford, M.B., M.R.C.S.E., resigned.

REES, H., L.R.C.P.L., M.R.C.S.E., has been appointed Surgeon to the Amman Iron and Tin Works, near Swansea, vice John Jones, M.R.C.S.E., deceased.

ROBERTS, C., F.R.C.S.E., has been appointed Assistant-Surgeon to the Victoria Hospital for Sick Children, Chelsea, vice H. Cass, M.R.C.S.E., resigned.

ROWLAND, J. T., M.D., M.R.C.S.E., has been elected Public Vaccinator for the North and South (consolidated) Vaccination Districts of the Parish of St. Luke, Chelsea.

STANLEY, W. E. S., L.R.C.P.Ed., L.R.C.S.Ed., has been appointed Medical Officer to the "Home in the Valley" Lodge of Shepherds, the "Pride of the Green" Lodge of Foresters, the "Loyal Wellington" Lodge of Odd Fellows, the West Suffolk Friendly Society, the Hawkedon Queen's Club, and the Hartest Relief Club, vice John J. Ellis, L.R.C.S.Ed., deceased.

TUCK, F. S., M.R.C.S.E., has been appointed Resident Medical Officer to the Westminster General Dispensary, vice Allen Sewell, L.R.C.P.Ed., M.R.C.S.E., appointed Assistant Medical Officer to the Small-pox Infirmary, Stockwell.

TURNER, W. M., M.R.C.S.E., has been appointed Resident Medical Officer to the Rochdale Infirmary and Dispensary, vice E. C. Mason Pooley, L.K.Q.C.P.I., L.R.C.S.I., resigned.

WHITE, R., M.B., L.R.C.S.I., has been appointed Medical Officer to the Douglas Dispensary District of the Cork Union, vice F. A. Purcell, M.D., appointed Medical Officer for District No. 7 of the Parish of St. Pancras.

Births, Marriages, and Deaths.

BIRTHS.

BLOMFIELD.—On the 29th ult., at Rye-lane, Peckham, the wife of Josiah Blomfield, M.D., F.R.C.S.E., of a daughter.

COOK.—On the 28th ult., at Gateshead, the wife of R. F. Cook, M.B., of a son.

HUTTON.—On the 3rd inst., at Sandgate, the wife of Geo. Allan Hutton, M.R.C.S.E., Surgeon Rifle Brigade, of a daughter.

LAMPREY.—On the 25th ult., at Shorncliffe, the wife of J. Lamprey, M.B., Surgeon-Major 67th Regiment, of a daughter.

ROBSON.—On the 28th ult., at Rock-ferry, the wife of John Robson, M.D., of a daughter.

WALPOLE.—On the 3rd inst., at Westmorland-terrace, Newcastle-on-Tyne, the wife of A. H. Walpole, M.R.C.S.E., of a son.

MARRIAGES.

HENDLEY—HULL.—On the 1st ult., at Allahabad, Dr. Thomas Holbein Hendley, Surgeon to the Political Agency, Jobdapoor, to Jane Elizabeth, daughter of the Rev. J. D. Hull.

ROBERTS—PHILLIPS.—On the 1st inst., at the Cathedral, Bangor, David Wm. Roberts, M.D., late House-Surgeon to the Carnarvonshire and Anglesey Infirmary, to Charlotte Elizabeth Hamilton Phillips, youngest daughter of Wm. Phillips, Esq., of Caederwen, Upper Bangor.

DEATHS.

BIDDLE.—On the 4th inst., H. Biddle, M.R.C.S.E., of Edmonton, aged 71.

EVANS.—On the 2nd inst., at Acre House, Brixton, of hemiplegia, Benj. Evans, F.R.C.S.E., aged 70.

GATIS.—On the 28th ult., J. Gatis, M.R.C.S.E., of Wolverhampton, aged 60.

GRANVILLE.—On the 3rd inst., A. Bozzi Granville, M.R.C.P.L., F.R.S., aged 86.

GREEN.—On the 27th ult., Ann, the wife of Hugh Green, Surgeon, of Mersea.

M'TURK.—On the 2nd inst., W. M'Turk, M.D., M.R.C.P.L., of Bradford, Yorkshire, aged 76.

ROOKE.—On the 29th ult., Chas. Rooke, M.D., of Palsgrave, Yorkshire.

Notes, Short Comments, and Answers to Correspondents.

CHINESE CORONERS' INQUESTS.

THE Chinese coroner (Wu-tsch) is an assessor of very mean rank, who assists the district magistrate in determining the cause of death, in cases of a suspicious character only, upon the report of the friends of the deceased, the headmen of the tything, or the constable. There is an old treatise which forms the Coroner's Manual, dating from the thirteenth century, and is called Si-yuen-luh, or the Record (treating) of the Redress of Wrongs. From this work, in four volumes, illustrated by a few curious plates of topographical anatomy, may be gathered all that is known of medical jurisprudence and toxicology in China. Cases of suicide from oppression, excessive dunning, and the complications of litigation form the great bulk of cases usually inquired into. The suddenness of any death does not call for any inquiry in the absence of any suspicion or litigious proceedings, as in the East cases of such character are necessarily frequent, and perfectly natural from the character of the climate. Suspicious cases must be cleared up within forty days, or the magistrate may be removed upon petition. There is the same popular (and official) objection in China as in English villages against the removal of the body from the very spot in which it may be found. The identification of the corpse, the verification of the injury, the condition of all the natural orifices and passages of the dead body, and the noting of deformities, bruises, wounds, and scars, are points of importance in the ceremony, which is usually gone through before three days have entirely elapsed. The behaviour of the skin of the corpse after several washings, scourings, and even boilings, is carefully noted. An adjournment sometimes takes place. In the case of female corpses, female assistants or trusty midwives are employed, and great attention is paid to the state of the abdominal and pelvic regions. Many of the directions given in the Si-yuen-luh are altogether omitted at the present time. Nothing of the nature of a jury is met with at these examinations, which are, however, generally made in the presence of the relatives of the deceased and the representative crowd of the neighbourhood. The depositions of the coroner are taken down, and the whole case is mutually discussed, and authoritatively decided by the magistrate. The corpse may now be coffined and removed, or it is purposely left to stigmatise the locality and the offender until the case is settled. In the meanwhile the offender has been pursued, and is now taken into custody at the instance of the magistrate, whose jurisdiction is undivided and his responsibility most serious in such cases. On a report of the headmen of the tything, who thereby hold themselves responsible, the magistrate may stay all the proceedings. Certain cases of death by visitation of the gods, where the clothes and money of the deceased are untouched, are never inquired into. Two or three coroners are appointed to each district (Hien). Some difficulty is experienced in finding men who are willing to perform the duties of the office, or have the necessary acquaintance with the forms used. Very small salaries are paid to each coroner (£8 per annum in one instance), and slight fees are allowed at each inquest. The children of a coroner are not eligible for the literary examinations without special permission from the Emperor. The coroner performs very much the same duty as the skilled medical witness of this country, and his decision is much the same as the "finding" of the jury with us. No kind of oath is administered on these occasions, and much "hard swearing" is practised as a matter of course. In the degradation connected with the post-mortem examination, which is regarded as a sort of barely excusable profanation of the dead body, we see the influence of that superstitious prejudice against the manipulation and dissection of the human body which is the greatest barrier against the true study of the medical art in the East. With a medical literature extending over more than twenty centuries, there is combined in China a system of quackery and charms worthy of the merest savages of the Southern Seas.

Dr. C. F. Harding.—There is at present no power to compel the local authority to do any sanitary work whatever; but adequate powers should be taken by Mr. Stansfeld's Bill.

Mr. J. Turner.—£30,000 in all were voted to Jenner. It is contrary to our rule to answer correspondents by post.

W. B. (Yoxford, Suffolk) should apply to Messrs. Hewitson and Co., the wholesale agents, Harp-lane, London.

M.D. had better bring the matter before the notice of the General Medical Council.

MR. SPENCER SMITH.

To the Editor of THE LANCET.

SIR,—The election of this gentleman to the office of Examiner at the College of Surgeons has excited no little surprise in my own mind, and no doubt in professional circles. It is only fair to him, therefore, that you should reproduce the following extract from *The Times* of the 1st instant, which represents, I presume officially, the grounds of his election to this important post:—"Mr. Smith, who received his medical education at the St. Bartholomew's, Paris, and Berlin Hospitals, has been a contributor to the advancement of science, as the translator of Schwann's Microscopic Researches on the Structure and Growth of Animals and Plants, and by papers in the *Medical Gazette*. He was also secretary to the Government inquiry on Contagious Diseases, of which Mr. F. C. Skey, C.B., F.R.S., was chairman."

I am, Sir, your obedient servant,

March, 1872. F.R.C.S.

A HINT FOR AUSTRALIAN MEAT CONSUMERS.

THE prospect, which erstwhile looked so cheering, of the poorer classes having within their reach a better supply of cheap and nutritious food, has become considerably obscured. Not only has Australian meat advanced in price some twenty-five or thirty per cent., but there is, it would appear, a possibility of a purchaser of the viand getting that which he had not bargained for, and which he would be glad to get rid of without delay. Formal evidence was given at the Guildhall a few days ago that there were lying at Brook's Wharf, Upper Thames-street, about four tons of the meat which was totally unfit for human food. In this case the contractors, a respectable firm, admitted the fact of the badness of the meat, but declared it to have been their intention to dispose of it, not as food, but as manure. If all contractors were equally conscientious, the public might feel at ease on this matter. Any way, it is as well that persons who are likely to exchange their money for the sealed comestible should be aware of the mark recognised by dealers as a test of the goodness of the contents of the tins. After the meat is put into the tins they are placed in a large cauldron, and subjected to great heat, which exhausts the contained air, and thus preserves the meat; but if in the process the heat employed be insufficient, the air in the tins is only imperfectly exhausted, and their contents spoil during the voyage. The heads of the tins that are properly done sink in before arrival at our ports, while in those that are imperfectly done a gas is generated which causes the heads to bulge out.

An Associate of King's College.—The ingredients are, colourless oil of tar, an ounce to an ounce and a half; iodine, two drachms. Is not the case mentioned by our correspondent syphilitic in nature? Smoking cannot be regarded as the *vera causa*, though the irritation of the pipe may be the exciting cause of cancer under the circumstances mentioned.

Dr. de Renzy's communication is acknowledged with thanks.

MEDICAL ETHICS AT OXFORD.

To the Editor of THE LANCET.

SIR,—May I ask you to be kind enough to publish the following letter, to which I have received no reply. I conclude from this silence that no satisfactory answer can be sent, and that the information given me by my patients' friends is admitted to be accurate.

47, High-street, Oxford, Feb. 20th, 1872.

DEAR SIR,—May I ask if I am rightly informed as to the following occurrences? On Monday, Feb. 12th, to gratify a dying girl, Miss ——, a patient of mine, I wrote asking you to call and give your opinion on her case. I am told that you called; but that, although the young lady was manifestly almost *in extremis*, you alleged as a reason for calling again that you could not give an opinion on a case of phthisis late in the afternoon; that you called again the next day, and were so kind and so interested in my patient that you sat up with her till one o'clock in the morning; that, further, you called again on Wednesday, and unceremoniously took the case out of my hands. All this occurred without any communication whatever passing from you to me, although in the case of a patient of mine, whom I myself asked you to see for the purpose of giving an opinion, and in a case altogether hopeless. You may perhaps satisfactorily explain all this; but at the first blush it certainly seems to me and other medical men whom I have consulted difficult to reconcile with professional fairness, still more with anything like the courtesy usual between practitioners of medicine. Should the facts be admitted by you to be correct, but should you at the same time consider that they are justifiable and right, I am willing and anxious to appeal to the profession at large in the pages of THE LANCET; but as I do not care for unnecessary publicity, I thought it best to write to you in the first instance.

I am, dear Sir, yours very truly,

HENRY B. SPENCER.

Frederick Symonds, Esq., 35, Beaumont-street, Oxford.

I may add that when Mr. Symonds first saw Miss ——, she was extremely prostrate, both lungs riddled with cavities, largely œdematous in the legs, and that she was worn out by ceaseless intractable diarrhœa. She died four days after Mr. Symond's first visit. Yours obediently,

Oxford, March 5th, 1872. HENRY B. SPENCER.

DR. LIVINGSTONE.

WE have received a communication from *Staff Assistant-Surgeon Waghorn*, who travelled in East Central Africa as surgeon to the Oxford, Durham, Dublin, and Cambridge Mission. Our correspondent does not hold that the balance of probabilities, as stated by Captain Burton and his auxiliaries, is in favour of Dr. Livingstone's continued safety and well-being—the conjectures less favourable to the doctor being founded more on theory than actual experience of Central Africa. On the contrary, his short experience proves that as great danger attends the European in his path in Central Africa as in the course of the Zambesi River, the River Shire, and up to Lake Nyassa. Not only does a very severe type of remittent fever prostrate his strength, but death too often ensues, as in that of poor Bishop Mackenzie, Rev. — Sondamore, Dr. Burrup, and others. Dr. Dickerson died in East Central Africa, and our correspondent was delirious and near death. "No doubt," he states, "there are others that are able to verify this statement of mine, and I would add that the natives do not consider life of very much value."

SMALL-POX AND VACCINATION IN JERSEY.

OWING to the length of the report of the proceedings of the Medical Council, we are compelled to defer our notice of the above subject until next week.

Ulysses.—The matter has been under consideration. It has been very difficult to form a correct opinion upon the facts before us, and we are, therefore, glad to have received our correspondent's letter.

Dr. Workman's request shall receive attention.

A Working Man (Nottingham) would get good advice from an aural surgeon at one of the London hospitals.

THE MORISONIAN LECTURES ON INSANITY.

DR. ARTHUR MITCHELL, one of Her Majesty's Commissioners in Lunacy for Scotland, delivered the first of his course of Morisonian Lectures on Friday, the 1st inst., at Edinburgh—subject, "The Curability of Insanity." Of 1297 patients admitted into Scottish asylums in 1858, what was their condition in 1870? Summarising the results of the inquiry, he said that 100 patients under asylum treatment would, twelve years afterwards, show a death-rate of 36·6 (insane), 31·7 still alive (insane), and 31·7 either living or having died in a state of sanity. We may infer that if recovery did not occur during the early years of treatment, its chance of occurring at all was very remote. Only 23 patients were for the first time discharged recovered after more than three years of continuous treatment. Re-admission occurred as often as eleven, ten, seven, or six times. Discharges of unrecovered patients were in no year above 8 per cent., and in one year were below 1 per cent. of the mean number resident. Of those who died in asylums, 90 per cent. had been constantly under treatment from their admission till their death. Among those remaining in the asylums during the last six years the low mortality—from 4 to 6 per cent.—was mainly due to the disappearance of active states of disease, and the established and fixed conditions under which the tendency to death is comparatively slight.

Prevention.—We have at present no evidence whatever that earth possesses the power of destroying the contagion of zymotic diseases. It is a subject upon which we shall receive information with great satisfaction. The earth system is undoubtedly efficient in a large number of cases; but surely Parliament is not in a position to recommend its general adoption after having insisted in so many districts on the provision of public sewers, which, indeed, are necessary in any case.

Medicus, (Devon.)—Dr. Meadows' book.

THE "FREE LIST."

To the Editor of THE LANCET.

SIR,—Your correspondent, "F.R.C.S." writing on the above subject, has, I think, missed the point of "Q. Q. Q.'s" query. In the case of the latter, he was certainly entitled to a fee for medical attendance, and it might be left an open question, to be judged in each case on its own merits, as to whether one medical man should charge another who has *bond fide* retired from his profession for his professional services. But "F.R.C.S." goes too far when he includes in those who should pay such gentlemen as retired army medical men and others. For my own part, I consider that when a brother practitioner, especially if such *brother* is old enough to be my *father*, requests me to attend him or any of his family, he does me as great an honour, and confers on me as great an obligation, as I do him by complying with his request; and I should regard with much distress any other spirit creeping into our profession. Having been consulted on several occasions by my brethren about their wives or children, I am glad to say that they have never once affronted me by the offer of a fee, and I should as little think of offering one to anyone whose advice I requested.

I am, Sir, yours, &c.,

March 4th, 1872. F.R.C.S. ED.

SHREWSBURY EYE HOSPITAL.

IN some remarks we made last week relative to the Shrewsbury Eye Hospital, we stated that Dr. Edwyn Andrew was the *ethical* Secretary to a local Society. It appears that, in consequence of ill-health, Dr. Styrap was unable to continue to fulfil all the duties of the secretariat referred to, and Dr. Andrew undertook the *financial*, Dr. Styrap still discharging the *ethical*, as the founder of the Society.

"THE PROFESSION AT ST. PAUL'S."

THE names of Inspector-General Dr. Leonard, Mr. Edwin Saunders, and some others were accidentally omitted from our list of members of the profession who were present at the Cathedral on the Thanksgiving day.

Mr. C. G. Heron Rogers.—Generally lymph may be obtained by the seventh day, sometimes not till the ninth.

CONSULTERS; "THREE TIMES FOR A GUINEA."

To the Editor of THE LANCET.

SIR,—I am in the unfortunate position of a young general practitioner, residing within five miles of a large town, which glories in the possession of half-a-dozen hospital surgeons and physicians. I am, therefore, sometimes asked by my patients to be allowed to have the opinion of Mr. —— or Dr. ——, I consent, and send with the patient a letter to Dr. ——, detailing the case, and the treatment I have employed. My patient returns to me with a letter and prescriptions. So far well and good; but a few days subsequently my patient tells me that Dr. —— requested him to come and see him again at the end of the week, in order that he might see the effect of his prescriptions; and in some cases in goes my patient for a second visit, a second prescription, and, yes, a *second request to call again*. To the question, "Does Dr. —— charge for a second prescription?" the answer is, "Oh, no; he sees a patient three times for the guinea." I shall be glad, Sir, to have your opinion of such proceedings, and remain,

Your obedient servant,

March, 1872. S. D.

P.S.—I might add that in one instance, when I accompanied my patient, the doctor had the bad taste to make this said request in my presence, and evinced considerable surprise at my venturing to expostulate.

*** Our correspondent's complaint is a reasonable one. A consulting practitioner should, as a rule, only see a patient once for one fee, and a fresh fee should be demanded at every visit. This is one of the ways in which the distinction between a consulting and a general practitioner is to be made apparent. A physician or surgeon who is willing to see the patients of a general practitioner three times for a guinea does not uphold the dignity of consulting practice, nor act considerately to the general practitioner.—ED. L.

PRESERVED MEATS ETC. IN CAMPAIGNING.

THE Duke of Cambridge, in his Report on the Autumn Manœuvres, makes some practical observations as to the results of several experiments that were instituted with rations of various descriptions which it was thought might be made available for troops in the field—tins of preserved meats, Australian preserved meats, &c. As a rule, the troops objected very much to these rations, which, though good in themselves and wholesome, still did not produce the same bulk as the ordinary meat rations; and his Royal Highness thinks in future it will be well to confine the supply altogether to the ordinary ration for troops in the field. The bread was baked for the men in the field-ovens, and was a great success; it added, however, considerably to the transport. Issues of biscuit would, in the Duke's opinion, be perfectly justifiable, as affording the men for certain days in a week a wholesome meal, whilst diminishing the amount of transport required.

HOSPITAL SUNDAY IN LIVERPOOL.

To the Editor of THE LANCET.

SIR,—I send you the results of Hospital Sunday here so far as they were made known to-day.

Total amount received from Sunday collections ...	£7902	11	1
Do. do. Saturday boxes	720	3	0
Balance from last year	140	7	1
	£8163	1	2
Less for special charities	25	0	0
	£8138	1	2
Expenses	305	10	0
	£7832	11	2

£7800 was distributed as follows:—Royal Infirmary, £2418; Northern Hospital, £1209; Southern Hospital, £1053; Dispensaries, N., S., and E., £858; Ladies Charity and Lying-in Hospital, £429; Children's Infirmary, £390; Eye and Ear Infirmary, £312; District Nurses' Institute, £624; Homœopathic Dispensaries, £156; Consumption Hospital, £78; Stanley Hospital, £78; Cancer and Skin Hospital, £78; Skin Dispensary, £39; Dental Hospital, £39.

I am, Sir, yours truly,

Liverpool, March 6th, 1872. FRED. W. LOWNDES.

PUBLICATION OF NAMES IN CLINICAL CASES.

WE agree with a correspondent in the West Indies as to the impropriety of publishing names in connexion with serious attacks of illness. Such publication is not necessary, and might operate injuriously in case of application for life insurance.

INTERESTING CASE OF INTUSSUSCEPTION.

To the Editor of THE LANCET.

SIR,—This case occurred in a healthy and strong child of nine months old. It was rather remarkable for the length of time the child lived under the condition, and for the nature and amount of invaginated bowel. The disease was thought to be such from the beginning, and all the ordinary symptoms were present, which I need not detail. At the post-mortem I was assisted by Dr. Jeffrey, of this place, and we found that at the ileo-cæcal valve the bowel made a twist and got invaginated, and then it passed down, and for the last fortnight of the child's life protruded at the anus, often to more than an inch beyond, and at other times it lay up in the rectum when put up. The valve pulled down with it the small intestine to the extent required for allowing it to show at the anus, and this part of the small intestine was simply pulled down without its being inverted or the inside turned out, as the parts around the ileo-cæcal valve were. The child lived for twenty days, with the bowel all the time in this intussuscepted state; was not very fretful or peevish; took the breast well till near the end, and was very thirsty and eagerly drank water. Vomiting was almost a constant symptom, though it was not fæcal at any time.

Yours obediently,

Jedburgh, N.B., February, 1872. W. B. HUNTER, M.D.

THE JURY OF MATRONS.

THE absurdity of the law in respect of the nature of its provision against the capital punishment of a pregnant criminal has received within the last few days a very significant illustration. Rachel Busby, who was sentenced to death at Oxford Assizes last summer, and who, having pleaded that she was *enceinte*, was respited, notwithstanding the adverse verdict of a jury of matrons, has just been delivered of a still-born child at the Oxford County Gaol.

THE EATON FUND.

To the Editor of THE LANCET.

SIR,—On behalf of the widow of the late F. B. Eaton, Surgeon, of Nuneaton, we beg most sincerely to thank you and the other contributors to the Fund for your timely assistance. As no further contributions have been lately received, we think it desirable to now close the Fund, and have handed over the amount raised (£40 11s. 6d.) to the widow. We subjoin a list of the contributors.

Mr. R. B. Nason	£5	0	0	Mr. J. Brisbane	£1	1	0
Dr. Wyer	5	0	0	Mr. Wilbe	1	1	0
Proprietors of THE LANCET	5	0	0	Dr. Meadows	1	1	0
Dr. Neale	5	5	0	Mrs. Howe	1	1	0
Mr. Henry Smith	2	2	0	Mr. T. Taylor	1	0	0
Mr. C. Palmer	2	3	0	Mr. Spencer...	1	0	0
Mr. Edwin Saunders	1	1	0	Mr. F. D. Mocatta	1	0	0
Mr. J. S. Bowe	1	1	0	Mr. F. W. Brook...	1	0	0
Mr. Griffin	1	1	0	Mr. B. Herbert	0	10	6
Dr. Fraser	1	1	0	Mr. Garrard...	0	10	0
Miss Kent	1	1	0	Mr. W. Essby	0	10	0
Mr. Pritchard	1	1	0	Mr. C. Palmer	0	1	0

We remain, Sir, your faithful servants,

OTHO F. WYER, M.D.

Leamington, March 4th, 1872. RICHARD B. NASON.

THE ETHICS OF CONSULTATIONS.

CONSULTATIONS are inevitable, and will continue to be so until medical science is much more advanced than it is, and until human beings learn to be much less solicitous about their sick friends than at present. It is of great moment, therefore, that medical men should not only accept them, but rather favour them. A good practitioner has nothing to fear from a consultation. If the case is urgent, it is a relief to him; if it is not serious, it may please the patient, and cannot hurt him. These considerations apply equally to a consultation with a neighbouring general practitioner as to one with a leading physician. They are suggested to us by three letters which have appeared in the last three weeks of THE LANCET with the above heading, beginning with one by Mr. Husband touching an experience of his in a recent consultation with a practitioner in his neighbourhood, which forced him to the unhappy determination "of never meeting a practitioner in his own neighbourhood again." The answer of "A London L.R.C.P." gives a very different appearance to the matter. It shows that he was reluctant to go into consultation, only wrote a prescription at Mr. Husband's request, and refused to go again to see the patient. We are bound to say that he seems to have shown perfect consideration for Mr. Husband. As to the ostentatious display of modern means of diagnosis, the use of the thermometer has surely become too common and too essential to be so spoken of. "L.R.C.P." refutes Mr. Husband's charge, that, though he used the thermometer, he did not notice the temperature indicated. When we add that he went without fee or reward to oblige an old patient, no longer able to pay for the medical opinion he preferred, we must regard his behaviour as entitled to praise, and in accordance with that spirit of consideration alike to the patient and the brother practitioner which is the essence of all professional ethics. We would go any length with Mr. Husband in denouncing fussy or uncourteous consultees; but there is an excessive sensitiveness in regard to consultations, especially with brother practitioners, which is to be discouraged. The days of formal distinctions in the profession have passed away; and though, as a rule, it may be desirable to consult with consulting practitioners, there must be many exceptions to this rule, and a general practitioner called in to consultation is entitled to the same kind of consideration as a consulting one, and the same generous construction of his attempts to elucidate and cure the case.

J. K—a (Salford) must consult his common sense in the matter. We know nothing whatever of the advertiser or of his intentions.

Mr. Geo. Smith.—Mr. Nightingale, the dentist, Sackville-street, Piccadilly.

ERRATA.—In our annotation on the "Hooghly and Burdwan Fever," published last week, two corrections require to be made. In the seventh line from the bottom of the column, page 301, the word "only" should be omitted; and in the first line of the following page, for "district," read "province"—Bengal itself being referred to.

COMMUNICATIONS, LETTERS, &c., have been received from—Mr. A. E. Durham; Dr. Wilks; Mr. J. Wood; Dr. Sheppard, Colney Hatch; Dr. Robinson; Dr. Harding, Whittlesea; Mr. Lowndes, Liverpool; Mr. Jeans, Cheltenham; Drs. Wyer and Nason, Leamington; Dr. Macarthy; Mr. Webb, Northleach; Mr. Payne, Carlisle; Mr. Fraser; Mr. Wilkins, Richmond; Dr. Crisp; Dr. Corfield; Mr. Meehan, Belfast; Mr. J. Orchard, Ludlow; Mr. E. George, Cardigan; Mr. Nicholson, Chatteris; Mr. Williams, Lichfield; Mr. Gornall, Warrington; Mr. Ball, Bradford; Dr. Rubino, Madrid; Mr. Chater, Uppingham; Mr. Deane; Mr. Turner; Mr. Askell, Caterham; Dr. de Renzy; Mr. Barron; Mr. Hoyte, Burton-on-Trent; Mr. S. Bennett, Sheffield; Mr. Fergusson, Callander; Mr. L. Collins; Mr. Theobald, Scarborough; Mr. Smith, Woodley; Mr. Craven, Wellingborough; Mr. Horne, Leamington; Mr. H. Pinnion, Sittingbourne; Dr. Johnstone, Brighouse; Mr. Phillips, Sidcup; Mr. Hayland, Thurso; Mr. Addy; Mr. Maunsell; Dr. Moore, Tongue; Mr. R. W. Williams; Mr. Pease, Clifton; Dr. Denne, Rainhill; Mr. Locking, Winchester; Dr. Wright, Leeds; Mr. Nicholls; Mr. F. Workman, Reading; Mr. Charles; Mr. Brunton; Mr. Cairns, Liverpool; Mr. Blasson; Mr. Corting, Epsom; Mr. Poole; Mr. Wood, Wigan; Mr. Mayne, Warwick; Dr. Le Rosignol, Jersey; Dr. Scoresby Jackson, West Bromwich; Dr. Davis, Barntwood; Mr. Grove; Mr. South, Epsom; Mr. Gale, Hanley; Mr. Richard; Dr. Holmes Joy, Valparaiso; Mr. Green, Colchester; Mr. J. J. Thomas; Mr. Hull, Ormskirk; Mr. R. S. Hannay; Mr. T. Jones; Mr. Keymer; Mr. Hunt, Graham's Town; Mr. G. Marson, Ipswich; Mr. J. Wharton, Shrewsbury; Mr. Reed, Merthyr Tydvil; Mr. Allen; Mr. Whatham, Darlaston; Dr. F. P. Smith, Shepton Mallet; Dr. Walker, Boulogne; Mr. Thomson, Gloucester; Dr. Sheen, Cardiff; Mr. Waghorn, Nussersabad; Mr. G. Anderson, Brechin; Dr. Waterworth; Dr. Dickinson, Middlesborough; Mr. Jones, Kendal; Mr. J. Guthrie; Mr. Hughes, Carnarvon; Mr. Walker, Oakham; Mr. Edwards, Hereford; Mr. Spencer; Mr. Oldham; Mr. Horniman; Mr. Botts; Lignum; F.R.C.S.; The Editor of the *Metropolitan*; W. J. W.; Country Practitioner; W. B.; Ignoramus; A. Z.; Medicus; Royal Institution; The President of the Microscopical Club; Prevention; The Military Secretary, India Office; Chemicus; M.D.; M.B.T.C.D.; Gradatim; Scotograph; A. B. C.; &c.

Bradford Daily Telegraph, Cambridge University Reporter, Leeds Mercury, Glasgow Herald, Bulletin de Statistique Municipale, Derbyshire Times, Western Morning News, London Students' Gazette, Co-operative News, Isle of Man Times, Sheffield Daily Telegraph, Central Somerset Gazette, Archives Générales de Médecine, Veterinarian, Church Herald, Berwick Warder, La Santé Publique, Jersey Times, Metropolitan, Middlesborough News, and *Food, Water, and Air* have been received.

Medical Diary of the Week.

Monday, March 11.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
ST. MARK'S HOSPITAL.—Operations, 2 P.M.
METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.
ROYAL COLLEGE OF SURGEONS OF ENGLAND.—4 P.M. Prof. Flower, "On the Comparative Anatomy of the Organs of Digestion in the Vertebrata."
MEDICAL SOCIETY OF LONDON.—8 P.M. Address by Mr. Thomas Bryant, the President.—Mr. Maunder will exhibit a Specimen of Suppuration of the Brain after Otitis.—Discussion on the Treatment of Aneurism, opened by Mr. Bryant.

Tuesday, March 12.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
GUY'S HOSPITAL.—Operations, 1½ P.M.
WESTMINSTER HOSPITAL.—Operations, 2 P.M.
NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
ROYAL FREE HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—3 P.M. Dr. W. Rutherford, "On the Circulatory and Nervous Systems."
ROYAL MEDICAL AND CHIRURGICAL SOCIETY.—8½ P.M. Mr. T. Holmes, "On the Surgical Treatment of Suppurating Ovarian Cysts, and on Pelvic Adhesions in Ovariotomy."—Mr. Wm. MacCormac, "On a Case of Resection of the Shoulder and Elbow joints in the same Arm for Gunshot Injuries."

Wednesday, March 13.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
MIDDLESEX HOSPITAL.—Operations, 1 P.M.
ST. GEORGE'S HOSPITAL.—Ophthalmic Operations, 1½ P.M.
ST. MARY'S HOSPITAL.—Operations, 1½ P.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
ST. THOMAS'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 2 P.M.
GREAT NORTHERN HOSPITAL.—Operations, 2 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
LONDON HOSPITAL.—Operations, 2 P.M.
SAMARITAN FREE HOSPITAL FOR WOMEN AND CHILDREN.—Operations, 2 P.M.
CANCER HOSPITAL.—Operations, 3 P.M.
ROYAL COLLEGE OF SURGEONS OF ENGLAND.—4 P.M. Prof. Flower, "On the Comparative Anatomy of the Organs of Digestion in the Vertebrata."
ROYAL COLLEGE OF PHYSICIANS OF LONDON.—5 P.M. Dr. Bristowe, "On Disease and its Remedial Treatment."
EPIDEMIOLOGICAL SOCIETY.—8 P.M. Mr. J. N. Radcliffe, "On the recent Diffusion of Cholera in Europe."

Thursday, March 14.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
WEST LONDON HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—3 P.M. Prof. Odling, "On the Chemistry of Alkalies and Alkali Manufacture."

Friday, March 15.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
ROYAL SOUTH LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
ROYAL COLLEGE OF SURGEONS OF ENGLAND.—4 P.M. Prof. Flower, "On the Comparative Anatomy of the Organs of Digestion in the Vertebrata."
ROYAL COLLEGE OF PHYSICIANS OF LONDON.—5 P.M. Dr. Quain, "On Diseases of the Muscular Walls of the Heart."
ROYAL INSTITUTION.—9 P.M. Mr. J. Evans, "On the Alphabet and its Origin."

Saturday, March 16.

HOSPITAL FOR WOMEN, Soho-square.—Operations, 9½ A.M.
ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
ROYAL FREE HOSPITAL.—Operations, 2 P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M.
CHARING-CROSS HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—3 P.M. Mr. Moncure D. Conway, "On Demonology."
ASSOCIATION OF MEDICAL OFFICERS OF HEALTH.—7½ P.M.

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